

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 12, 2008
Secretary of State

DOCUMENT# N07000010780

Entity Name: MYMOBILE COMMUNITY RESOURCE CENTER CORP**Current Principal Place of Business:**680 STATE ROAD 60 WEST
LAKE WALES, FL 33853**New Principal Place of Business:**115 FOREST GROVE BLVD
PALM HARBOR, FL 34683**Current Mailing Address:**115 FOREST GROVE BLVD
PALM HARBOR, FL 34683**New Mailing Address:****FEI Number:** 26-1585365**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**D'ALESSANDRO, SHARON J
115 FOREST GROVE BLVD
PALM HARBOR, FL 34683 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MGRM () Delete
Name: D'ALESSANDRO, SHARON J
Address: 115 FOREST GROVE BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM (X) Delete
Name: WALDROP, REGINA
Address: 1109 PINELLAS BAYWAY S., #104
City-St-Zip: ST. PETERSBURG, FL 33715

Title: MGRM (X) Delete
Name: DALESSANDRO, JENNIFER
Address: 1109 PINELLAS BAYWAY S. #104
City-St-Zip: ST. PETERSBURG, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON J. D'ALESSANDRO

MGMR

10/12/2008

Electronic Signature of Signing Officer or Director

Date