

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004181

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: CANAL POINT COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

13542 US HIGHWAY 441  
CANAL POINT, FL 33438

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 32  
CANAL POINT, FL 334380032

**New Mailing Address:**

FEI Number: 26-2536860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ERICKSON, KIMBERLY  
13542 US HIGHWAY 441  
CANAL POINT, FL 33438 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: P ( ) Delete  
Name: ERICKSON, KIMBLERY  
Address: 13542 US HIGHWAY 441  
City-St-Zip: CANAL POINT, FL 33438

Title: V ( ) Delete  
Name: HAND, JOY  
Address: 36911 THIRD STREET  
City-St-Zip: CANAL POINT, FL 33438

Title: S ( ) Delete  
Name: BROADBENT, DAVID  
Address: 36981 THIRD STREET  
City-St-Zip: CANAL POINT, FL 334380354

Title: T ( ) Delete  
Name: THIGPEN, ANN  
Address: 36871 FOURTH SRREET  
City-St-Zip: CANAL POINT, FL 334380354

**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:

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: KIMBERLY ERICKSON

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date