

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004519

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** MAKING A DIFFERENCE COMMUNITY CENTERS, INC.

**Current Principal Place of Business:**

1203 NE 8TH AVE  
GAINESVILLE, FL 32641

**New Principal Place of Business:**

**Current Mailing Address:**

1203 NE 8TH AVE  
GAINESVILLE, FL 32641

**New Mailing Address:**

**FEI Number:** 38-3782188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAISON, WILLIE  
1310 SW 104TH STREET  
GAINESVILLE, FL 32609 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: CEO ( ) Delete  
Name: CAISON, WILLIE E  
Address: 1310 SW 104TH  
City-St-Zip: GAINESVILLE, FL 32607

Title: DS ( ) Delete  
Name: MALLORY, MARY  
Address: 1817 SE 13TH PLACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: D ( ) Delete  
Name: BRYANT, DELTA  
Address: 3111 NE 14TH STREET  
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete  
Name: SHOWERS, ROBERT  
Address: 2219 NW 214 LANE  
City-St-Zip: BROOKER, FL 32622

Title: DA ( ) Delete  
Name: BURKE, WANDA  
Address: 4024 NE 1ST DRIVE  
City-St-Zip: GAINESVILLE, FL 32609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: CAISON, WILLIE E  
Address: 1310 SW 104TH  
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Change ( ) Addition  
Name: MALLORY, MARY  
Address: 1817 SE 13TH PLACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: SEC (X) Change ( ) Addition  
Name: JONES, MARY  
Address: 1203 NE 8TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

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: WILLIE E. CAISON

CEO

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date