

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005587

FILED
May 01, 2009
Secretary of State

Entity Name: TVO COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

3018 MONTE CARLO TRAIL
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

3018 MONTE CARLO TRAIL
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 26-2456585 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SLOANE, JEREMY S ESQ
315 E ROBINSON STREET SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

WIGGINS, ALLEN
3018 MONTE CARLO TRAIL
ORLANDO, FL 32805 US

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: ALLEN WIGGINS

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WIGGINS, ALLEN TD
Address: 3018 MONTE CARLO TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: DVP () Delete
Name: WIGGINS, BEULAH
Address: 829 FERGUSON DR
City-St-Zip: ORLANDO, FL 32808

Title: DT () Delete
Name: MORTON, MYLIKA
Address: 809 HANKINS CIRCLE
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: BROWN, GLADYS
Address: 3014 ORANGE CENTER BLVD #61
City-St-Zip: ORLANDO, FL 32805

Title: DS () Delete
Name: FELTON, BRANDY
Address: 831 WOODEN BLVD
City-St-Zip: ORLANDO, FL 32805

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:

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: MYLIKA MORTON

DT

05/01/2009

Electronic Signature of Signing Officer or Director

Date