

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006414

FILED  
Mar 08, 2011  
Secretary of State

**Entity Name:** SYNERGY COMMUNITY DEVELOPMENT INC

**Current Principal Place of Business:**

735 BAY AVENUE  
DEFUNIAK SPRINGS, FL 32433 US

**New Principal Place of Business:**

735 BAY AVENUE  
DEFUNIAK SPRINGS, FL 32435 US

**Current Mailing Address:**

735 BAY AVENUE  
DEFUNIAK SPRINGS, FL 32433 US

**New Mailing Address:**

735 BAY AVENUE  
DEFUNIAK SPRINGS, FL 32435 US

**FEI Number:** 26-2880620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BETTS, LOTTIE SHAYNE  
735 BAY AVENUE  
DEFUNIAK SPRINGS, FL 32433 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  
Name: BETTS, LOTTIE S P  
Address: 735 BAY AVENUE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: VP  
Name: BRACKINS, DONALD L VP  
Address: 476 SHERWOOD ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: S  
Name: JONES, ALICE A S  
Address: 39 HAZELWOOD LANE #23  
City-St-Zip: FREEPORT, FL 32439 US

Title: T  
Name: NORRIS, KATHY L T  
Address: 319 EUCHEEANNA ROAD  
City-St-Zip: FREEPORT, FL 32439 US

Title: D  
Name: WATERS, DAVID L D  
Address: 160 SIOUX LANE  
City-St-Zip: FREEPORT, FL 32439

Title: D  
Name: LEWIS, GENA L D  
Address: 125 TURNER STREET  
City-St-Zip: LAUREL HILL, FL 32567

I hereby 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 all other like empowered.

SIGNATURE: LOTTIE SHAYNE BETTS

P

03/08/2011

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

\_\_\_\_\_  
Date