2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N08000006676

Entity Name: J D THOMAS CULTURAL CENTER, INC.

Current Principal Place of Business:

519 PALMETTO AVENUE
SANFORD, FL 32711

New Principal Place of Business:

Current Mailing Address:

P . O. BOX 621868
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 26-2988826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, RODNEY
519 PALMETTO AVENUE
SANFORD, FL 32711 US

Name and Address of New Registered Agent:

THOMAS, JAMI D
519 PALMETTO AVENUE
SANFORD, FL 32711 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: JAMI D. THOMAS 03/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	THOMAS, JAMI D	
Address:	519 PALMETTO AVENUE	
City-St-Zip:	SANFORD, FL 32711	
Title:	D	( ) Delete
Name:	DEAN, HANK	
Address:	519 PALMETTO AVENUE	
City-St-Zip:	SANFORD, FL 32711	
Title:	D	( ) Delete
Name:	DENNIS, WILLIE	
Address:	519 PALMETTO AVENUE	
City-St-Zip:	SANFORD, FL 32711	
Title:	D	( ) Delete
Name:	ELLISON, KITTY	
Address:	519 PALMETTO AVENUE	
City-St-Zip:	SANFORD, FL 32711	
Title:	D	( ) Delete
Name:	MELTON, JAMES	
Address:	519 PALMETTO AVENUE	
City-St-Zip:	SANFORD, FL 32711	
Title:	D	( ) Delete
Name:	PRATT, KENNETH D ESQ.	
Address:	519 PALMETTO AVENUE	
City-St-Zip:	SANFORD, FL 32711	

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:	D	(X) Change ( ) Addition
Name:	DAVIS, ANGELO	
Address:	519 PALMETTO AVENUE	
City-St-Zip:	SANFORD, FL 32711	
Title:	D	(X) Change ( ) Addition
Name:	HIGHSMITH, VENUS	
Address:	519 PALMETTO AVENUE	
City-St-Zip:	SANFORD, FL 32711	
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: JAMI D. THOMAS P 03/24/2009
Electronic Signature of Signing Officer or Director Date