

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007381

FILED
Jan 24, 2009
Secretary of State

Entity Name: COMMUNITY OF DANAH, INC.

Current Principal Place of Business:

2797 BEECHWOOD KNOLL
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

2797 BEECHWOOD KNOLL
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 26-3119013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WESTBY, LYNNE B DR.
2797 BEECHWOOD KNOLL
TALLAHASSEE, FL 32301 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: OUBRE, CARY REV
Address: 456 DRAGER ST.
City-St-Zip: ASHLAND, OR 97520 US

Title: VP/T () Delete
Name: WESTBY, LYNNE B REV.DR.
Address: 496 WATSON RD
City-St-Zip: QUINCY, FL 32351

Title: S () Delete
Name: WHITE, JEANNE DR.
Address: 456 DRAGER ST.
City-St-Zip: ASHLAND, OR 97520 US

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:

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: LYNNE WESTBY

VP

01/24/2009

Electronic Signature of Signing Officer or Director

Date