2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N08000009473

Entity Name: NORTHEAST FLORIDA COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

800 BELLE TERRE PARKWAY
SUITE 200-154
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

800 BELLE TERRE PARKWAY
SUITE 200-154
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 26-3418958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCREE, JONITA M
800 BELLE TERRE PARKWAY
SUITE 200-154
PALM COAST, FL 32164 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. ( ) Change (X) Addition
Name: WAGNER, GARY
Address: 2 SOUTH LAKEWALK DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: MR. ( ) Change (X) Addition
Name: ODLE, MARK
Address: 607 MADISON CREEK CIRCLE
City-St-Zip: PALM COAST, FL 32164

Title: MR. ( ) Change (X) Addition
Name: MCCREE, WILLIAM L
Address: 28 PARKVIEW CIRCLE
City-St-Zip: PALM COAST, FL 32137

Title: MR. ( ) Change (X) Addition
Name: WILLIAMS, M. L.
Address: P. O. BOX 303
City-St-Zip: FLAGLER BEACH, FL 32164

Title: MR. ( ) Change (X) Addition
Name: HUGH, SAMUEL
Address: 126 HERON DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: MS. ( ) Change (X) Addition
Name: MCCREE, JONITA M
Address: 28 PARKVIEW CIRCLE
City-St-Zip: PALM COAST, FL 32137

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: JONITA M. MCCREE MS. 03/24/2009

Electronic Signature of Signing Officer or Director — Date