2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011013

Entity Name: MY COMMUNITY CENTER, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5101 N APOPKA VINELAND RD. ORLANDO, FL 32818

Current Mailing Address: New Mailing Address:

5101 N APOPKA VINELAND RD. ORLANDO, FL 32818

FEI Number: 26-3832656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HUTCHINSON, KAMAAL RAHAMAN, ABDOOL
6909 SAWTOOTH CT. 7538 COUNTRYRUN PARKWAY
OCOEE, FL 34761 US ORLANDO, FL 32818 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: ABDOOL RAHAMAN 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P/S (X) Change () Addition
Name: SINGH, NORL KHALID Name: RAHAMAN, ABDOOL
Address: 837 CLIFTON HILLS STREET Address: 7538 COUNTRYUN PARKWAY

City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32818

Title: VD () Delete Title: VP/T (X) Change () Addition

 Name:
 RAHMAN, ABDOOL
 Name:
 BAKSHI, FAUZIA

 Address:
 7538 COUNTRYRUN PARKWAY
 Address:
 8601 VISTA COVE POINT

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:
 ORLANDO, FL 32836

Title: TD (X) Delete Title: () Change () Addition

 Name:
 HUTCHINSON, KAMAAL
 Name:

 Address:
 6909 SAWTOOTH CT.
 Address:

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 RAZAK, TASLIM
 Name:

 Address:
 3745 WHITER HERON DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 JANAH, KHALID
 Name:

 Address:
 7745 DOE RUN
 Address:

 City-St-Zip:
 ORLANOD, FL 32810
 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: ABDOOL RAHAMAN PD 04/29/2009