

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38693

FILED  
Feb 25, 2009  
Secretary of State

**Entity Name:** DISTRICT 14 INTERGROUP/CENTRAL OFFICE, INC.

**Current Principal Place of Business:**

24 SW HOLLYWOOD BLVD  
SUITE 7  
FT WALTON BEACH, FL 32549 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 838  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 59-3048303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHELLEY, SID  
120 MICHAEL AVE  
FORT WALTON BEACH, FL 32547 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: C ( ) Delete  
Name: REAVIS, DAVE  
Address: 356 BOUNDARY LINE RD  
City-St-Zip: FREEPORT, FL 324396778

Title: S ( ) Delete  
Name: REAIS, MARY A  
Address: 356 BOUNDARY LINE RD  
City-St-Zip: FREEPORT, FL 324396778

Title: T ( ) Delete  
Name: MORDAUNT, VICKI  
Address: 918 RUE DE PALMS  
City-St-Zip: NICEVILLE, FL 32578

**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: DAVE REAVIS

CHRP

02/25/2009

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

\_\_\_\_\_  
Date