


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90074 005 ****61.25

DOCUMENT # N44028	
1. Entity Name BYRNEVILLE COMMUNITY CENTER, INC.	

Principal Place of Business 1725 HWY 4-A CENTURY, FL 32535 US	Mailing Address 2760 HWY 4-A 2320 Hwy 168 CENTURY, FL 32535 US
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DO NOT WRITE IN THIS SPACE

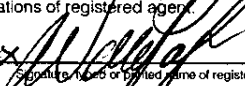


03142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3074108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BOLEN, RAE 2760 HWY 4-A CENTURY, FL 32535	WALTER PORZ 2320 Hwy 168 Century, FL 32535

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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	WALTER PORZ MAR. 16.05
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PORZ, BETTY 2320 HWY 168 CENTURY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Delete DVP DALE WALKER (Add) BOLEN, RAE 2760 HWY 4A CENTURY, FL 2340 Hwy 168 Century, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PORZ, WALTER 2320 HWY 118 CENTURY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete HEATHER LEONARD (Add) WARREN, LISA 7575 KILLAM RD CENTURY, FL 1400 Holland Road Century, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHELBY, ANGIE 1451 BYRNESVILLE RD CENTURY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DT CHILDRESS, WILLIE MAY 1361 BYRNESVILLE RD. CENTURY, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  BETTY PORZ	MAR. 16.05 850-256 3795
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

ATTACHMENT
N44028
50031196

MR. Bolen has
Resigned From The
BOARD of Directors.
Leaving us without
A Registered Agent.
MR. PORZ was Selected
To take his Place.
If we need To do Any
thing else To the
Change of Agent; Please
Let us Know
