2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N44028

Entity Name: BYRNEVILLE COMMUNITY CENTER, INC.

Current Principal Place of Business:

1725 HWY 4-A
CENTURY, FL 32535 US

New Principal Place of Business:

Current Mailing Address:

2320 HWY 168
CENTURY, FL 32535 US

New Mailing Address:

FEI Number: 59-3074108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORZ, WALTER
2320 HWY 168
CENTURY, FL 32535 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: D ( ) Delete
Name: PORZ, BETTY
Address: 2320 HWY 168
City-St-Zip: CENTURY, FL

Title: DVP ( ) Delete
Name: WALLER, DALE
Address: 2340 HWY 168
City-St-Zip: CENTURY, FL

Title: DP ( ) Delete
Name: PORZ, WALTER
Address: 2320 HWY 118
City-St-Zip: CENTURY, FL

Title: D ( ) Delete
Name: CLARY, RUBY G
Address: 174 GILMORE RD.
City-St-Zip: CENTURY, FL 32535

Title: DV ( ) Delete
Name: SUTTON, DOROTHY
Address: 7530 BRATT RD
City-St-Zip: CENTURY, FL 32535

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:

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: BETTY PORZ SEC 04/15/2009

Electronic Signature of Signing Officer or Director — Date