

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50532

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: COMMUNITY NUTCRACKER, INC.

**Current Principal Place of Business:**

2023 MYRA STREET  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

2023 MYRA STREET  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

FEI Number: 59-3135782      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TROTTER, GEORGE S MD  
2023 MYRA STREET  
JACKSONVILLE, FL 32204 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: VP ( ) Delete  
Name: GARMENDIA, JULIE  
Address: P.O. BOX 61058  
City-St-Zip: JACKSONVILLE, FL 32236

Title: TS ( ) Delete  
Name: DAVIS, NAN S  
Address: 3121 SECRET WOODS TRAIL W  
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD ( ) Delete  
Name: TROTTER, GEORGE S MD  
Address: 2023 MYRA STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: SEC ( ) Delete  
Name: MILLER, BETSY  
Address: 1354 CHALLEN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

**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:

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: NAN DAVIS

TS

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date