

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50532

FILED  
Apr 22, 2012  
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:** D  
**Name:** GARMENDIA, JULIE  
**Address:** P.O. BOX 61058  
**City-St-Zip:** JACKSONVILLE, FL 32236

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

**Title:** VP  
**Name:** TROTTER, GEORGE S MD  
**Address:** 2023 MYRA STREET  
**City-St-Zip:** JACKSONVILLE, FL 32204

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

**Title:** P  
**Name:** BARBER, NANCY  
**Address:** 1294 EDGEWOOD AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32205

I hereby 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 all other like empowered.

**SIGNATURE:** NAN S DAVIS

TS

04/22/2012

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

\_\_\_\_\_  
Date