

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002692

FILED
Jan 08, 2008
Secretary of State

Entity Name: MCGRUFF COMMUNITY DEVELOPMENT AND SERVICES CORPORATION

Current Principal Place of Business:

109 N.E. MCGRUFF STREET
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 545
FT. WALTON BEACH, FL 32549

New Mailing Address:

P.O. BOX 1355
FT. WALTON BEACH, FL 32549

FEI Number: 59-3422081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THIGPEN, SCOTTIE L
109 MCGRUFF STREET
FT. WALTON BEACH, FL 32548 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: PD () Delete
Name: REGULUS, ELIJAH J
Address: 934 JOHN WAYNE CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VT () Delete
Name: LOGGINS, DAVID
Address: 884 MASTER BLVD
City-St-Zip: SHALIMAR, FL 32579

Title: S () Delete
Name: JONES, LEE K
Address: 1916 ALFRED BLVD
City-St-Zip: NAVARRE, FL 32566

Title: TT () Delete
Name: GLENN, MAXELL
Address: 20 F. CASA LOMA DRIVE
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOUVAY, HORACE
Address: 406 SPLASH PINE CT.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WIGGINS, NAPOLEON
Address: 4746 YOUNG RD.
City-St-Zip: CRESTVIEW, FL 32536

Title: TT (X) Change () Addition
Name: DUNSON, JAMES
Address: 727 CLARK DR.
City-St-Zip: FORT WALTON BEACH,, FL 32547

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: HORACE BOUVAY

PD

01/08/2008

Electronic Signature of Signing Officer or Director

Date