2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N93000002692

Entity Name: MCGRIFF COMMUNITY DEVELOPMENT AND SERVICES CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 MCGRIFF 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:	BOUVAY, HORACE	
Address:	406 SPLASH PINE CT.	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	VT	( ) Delete
Name:	LOGGINS, DAVID	
Address:	884 MASTER BLVD	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	S	( ) Delete
Name:	WIGGINS, NAPOLEON	
Address:	4746 YOUNG RD.	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	TT	( ) Delete
Name:	DUNSON, JAMES	
Address:	727 CLARK DR.	
City-St-Zip:	FORT WALTON BEACH,, FL 32547	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VT	(X) Change ( ) Addition
Name:	GAINEY, WILLIAM	
Address:	22 POPLAR AVE	
City-St-Zip:	SHALIMAR, FL 32579	
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: SHIRLEY S. HAMMONDS D. 01/28/2009

Electronic Signature of Signing Officer or Director — Date