

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002643

FILED
Apr 09, 2009
Secretary of State

Entity Name: FORT MC COY/EUREKA COMMUNITY SERVICE CENTER, INCORPORATED

Current Principal Place of Business:

14051 E HIWAY 316
FORT MCCOY, FL 32134

New Principal Place of Business:

Current Mailing Address:

P O BOX 1177
FORT MCCOY, FL 32134 US

New Mailing Address:

FEI Number: 59-3245571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONLEY, KAREN
15789 N.E. 144TH AVE
FORT MC COY, FL 32134 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: DUNSON, GARRY
Address: 16420 NE 148TH TERR RD
City-St-Zip: FORT MC COY, FL 32134

Title: SEC () Delete
Name: THOMPSON, DEBORAH
Address: 16420 NE 148 TERR RD
City-St-Zip: FT MCCOY, FL 32134

Title: TREA () Delete
Name: CONLEY, KAREN
Address: 15789 NE 144 COURT
City-St-Zip: FT MCCOY, FL 32134

Title: D (X) Delete
Name: BILYOU, HEATHER
Address: 15849 NE 147 COURT
City-St-Zip: FT MCCOY, FL 32134

Title: D () Delete
Name: WARD, DAVID
Address: P. O. BOX 958
City-St-Zip: FT MCCOY, FL 32134

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: DEBORAH A THOMPSON

SEC

04/09/2009

Electronic Signature of Signing Officer or Director

Date