


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003775 1. Entity Name EUCHEANNA "OLD SCHOOL HOUSE" COMMUNITY CENTER, INC.	
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Principal Place of Business 301 MCKINNON BRIDGE ROAD PONCE DE LEON FL 32455 US	Mailing Address PO BOX 122 ARSYLE FL 32422 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 59-3260921	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARMSTRONG, JAMES 8823 CO HWY 280 E DE FUNIAK SPGS FL 32433	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	PD PEACOCK, BRUCE <input type="checkbox"/> Delete STREET ADDRESS 529 CAMPBELL RD CITY-ST-ZIP DE FUNIAK SPGS FL 32433	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: small;"> U00000336646 04/27/05-80135-007 61.25 </div>
TITLE NAME	T ARMSTRONG, MARY <input type="checkbox"/> Delete STREET ADDRESS 8823 COUNTY HWY 280E CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	D DOUGLASS, DEWYNE <input type="checkbox"/> Delete STREET ADDRESS 605 SCOTT RD CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	SD ODOM, PAM <input type="checkbox"/> Delete STREET ADDRESS 4277 E HWY 90 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	D BROWN, WAYNE <input type="checkbox"/> Delete STREET ADDRESS 1759 RED HILL BRIDGE RD CITY-ST-ZIP PONCE DE LEON FL 32455	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	VD LOCKE, MARY <input type="checkbox"/> Delete STREET ADDRESS 7151 COUNTY HWY 280 E CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Armstrong **MARY ARMSTRONG** 4-26-05 **4-26-05** 850-892-9534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #