

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003775

FILED
Apr 28, 2009
Secretary of State

Entity Name: EUCHEEANNA "OLD SCHOOL HOUSE" COMMUNITY CENTER, INC.

Current Principal Place of Business:

301 MCKINNON BRIDGE ROAD
PONCE DE LEON, FL 32455 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 122
ARSYLE, FL 32422 US

New Mailing Address:

PO BOX 122
ARGYLE, FL 32422 US

FEI Number: 59-3260921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARMSTRONG, JAMES
8823 CO HWY 280 E
DE FUNIAK SPGS, FL 32433 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: BROWN, CAROLYN
Address: 220 HOWELL AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T () Delete
Name: FOSS, PATSY
Address: 662 MCKINNON BRIDGE RD
City-St-Zip: PONCE DE LEON, FL 32455

Title: D () Delete
Name: JENKINS, TERRI
Address: 1801 G MONTGOMERY RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: SD () Delete
Name: BROWN, CONNIE
Address: 151 BROWN RD
City-St-Zip: PONCE DE LEON, FL 32455

Title: D () Delete
Name: CROMARTIE, SCOTT
Address: 1105 RED HILL RD
City-St-Zip: PONCE DE LEON, FL 32455

Title: VD () Delete
Name: BROWN, VINCE
Address: 151 BROWN RD
City-St-Zip: PONCE DE LEON, FL 32455

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: D (X) Change () Addition
Name: DAVIS, MIKE
Address: 2095 MONTGOMERY RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: PATSY FOSS

T

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date