

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003775

FILED  
Apr 25, 2012  
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  
ARGYLE, FL 32422 US

**New Mailing Address:**

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

**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  
Name: BROWN, CAROLYN  
Address: 220 HOWELL AVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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

Title: VD  
Name: CURTIS, MEAGAN  
Address: 750 MCKINNON BRIDGE RD.  
City-St-Zip: PONCE DE LEON, FL 32455

Title: SD  
Name: BROWN, CONNIE  
Address: 1512 MCKINNON BRIDGE RD.  
City-St-Zip: PONCE DE LEON, FL 32455

Title: D  
Name: JONES, LEWIS  
Address: 752 MCKINNON BRIDGE RD.  
City-St-Zip: PONCE DE LEON, FL 32455

Title: D  
Name: WARD, SHIRLEY  
Address: 829 BAY AVE.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby 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 all other like empowered.

SIGNATURE: PATSY FOSS

TRES

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date