

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

0068127

DOCUMENT # N94000003775



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

05-01-2003 90377 045 ****61.25

Principal Place of Business
**301 MCKINNON BRIDGE ROAD
PONCE DE LEON FL 32455
US**

Mailing Address
**PO BOX 122
ARSYLE FL 32422
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3260921**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ARMSTRONG, JAMES
8823 CO HWY 280 E
DE FUNIAK SPGS FL 32435**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEACOCK, BRUCE	
STREET ADDRESS	529 CAMPBELL RD	
CITY-ST-ZIP	DE FUNIAK SPGS FL 32435	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARMSTRONG, MARY	
STREET ADDRESS	8823 COUNTY HWY 280E	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLASS, DEWYNE	
STREET ADDRESS	605 SCOTT RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ODOM, PAM	
STREET ADDRESS	4277 E HWY 90	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, JAMES	
STREET ADDRESS	8823 COUNTY HWY 280 EAST	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JONES, GAYLAND	
STREET ADDRESS	445 CAMPBELL RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, WAYNE	
STREET ADDRESS	1759 RED HILL BRIDGE RD.	
CITY-ST-ZIP	PONCE DE LEON, FL. 32455	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAKE, DAVID G.	
STREET ADDRESS	242 MC CALL DAIRY RD.	
CITY-ST-ZIP	DE FUNIAK SPRINGS, FL. 32435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, MARY	
STREET ADDRESS	7151 COUNTY HWY 280 E	
CITY-ST-ZIP	DE FUNIAK SPRINGS, FL 32435	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **MARYSIA QUINN REQUINRY E. ARMSTRONG** 4-28-03 850-82-9534

CR2E037 (10/02)