

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005009

FILED
Apr 30, 2009
Secretary of State

Entity Name: CARVER COMMUNITY CENTER ASSOCIATION, INC.

Current Principal Place of Business:

7040 JEFFERSON AVENUE
CENTURY, FL 32535

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 752
CENTURY, FL 32535

New Mailing Address:

FEI Number: 59-3271538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKESTER, LARRY E
7040 JEFFERSON AVENUE
CENTURY, FL 32535 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: P () Delete
Name: ROBINSON, LEOLA T
Address: 350 HIGHWAY 4 WEST
City-St-Zip: CENTURY, FL 32535

Title: VP () Delete
Name: BANKESTER, LARRY
Address: 4318 NOWLING ROAD
City-St-Zip: JAY, FL 32565

Title: ST () Delete
Name: BRIGHT, ADA
Address: 8311 ALGER ROAD
City-St-Zip: CENTURY, FL 32535

Title: D () Delete
Name: ROBINSON, MARILYN L
Address: 350 HIGHWAY 4 WEST
City-St-Zip: CENTURY, FL 32535

Title: DIR () Delete
Name: ROBINSON, MARILYN L
Address: 7040 JEFFERSON AVENUE
City-St-Zip: CENTURY, FL 32535 US

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: MARILYN L. ROBINSON

DIR

04/30/2009

Electronic Signature of Signing Officer or Director

Date