2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N95000003735

Entity Name: MILLVILLE COMMUNITY ALLIANCE, INC.

Current Principal Place of Business:

1904 EAST 3RD STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

407 MAPLE AVE.
PANAMA CITY, FL 32401

Current Mailing Address:

407 MAPLE AVE
PANAMA CITY, FL 32401 US

New Mailing Address:

407 MAPLE AVE.
PANAMA CITY, FL 32401

FEI Number: 59-3329121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

O'SHIELDS, JAMES
1904 EAST 3RD STREET
PANAMA CITY, FL 32401 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: O'SHIELDS, JAMES
Address: 1904 EAST 3RD STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: VD ( ) Delete
Name: MARKHAM, FRANCES
Address: 329 N EAST AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: TD ( ) Delete
Name: MCCRARY, GEORGIA
Address: 401 CENTER AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: SD ( ) Delete
Name: CASEY, LEE
Address: 2134 E 3RD ST
City-St-Zip: PANAMA CITY, FL 32401

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:

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: JAMES OSHIELDS PD 03/31/2009

Electronic Signature of Signing Officer or Director — Date