2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# N95000004881

Entity Name: WAYMAN COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

1176 LABELLE STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

8855 SANCHEZ ROAD
JACKSONVILLE, FL 32217 US

New Mailing Address:

1176 LABELLE STREET
JACKSONVILLE, FL 32205 US

FEI Number: 59-3343623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIFFIN, MARK L
12511 MISSION HILLS DRIVE SOUTH
JACKSONVILLE, FL 32225 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:	GRIFFIN, MARK L	
Address:	12511 MISSION HILLS DRIVE SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	SUTTON, DIAHANN	
Address:	2440 TOWNSEND BLVD	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	TD	( ) Delete
Name:	DANIELS, ELEANOR	
Address:	12763 AZTEC DR. NORTH	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	JOHNSON, TIMMY	
Address:	1741 GREENRIDGE CIRCLE S	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	D	( ) Delete
Name:	BARNES, JOSEPH	
Address:	8224 PROVINCIAL CIR. S.	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	D	( ) Delete
Name:	WILSON, KINSASHA A	
Address:	2534 JOHNSON AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32207	

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:	
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: MARK L. GRIFFIN DPC 05/08/2007

Electronic Signature of Signing Officer or Director — Date