2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
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:

1176 LABELLE STREET
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-3343623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:	ENGLISH, BARBARA	
Address:	2951 HERITAGE TRAIL	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	D	( ) Delete
Name:	SULZBACHER, SUSAN	
Address:	5467 GRAND CAYMAN ROAD	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	D	( ) Delete
Name:	SHAW, ROVENIA	
Address:	12532 RICHARDS PARK LANE	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	D	( ) Delete
Name:	JACOBS, JENNIFER	
Address:	4411 CHARTER POINT BLVD	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	D	( ) Delete
Name:	WASHINGTON, GLENDA	
Address:	1046 MACKINAW STREET	
City-St-Zip:	JACKSONVILLE, FL 32254	

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 PRES 04/16/2009
Electronic Signature of Signing Officer or Director — Date