

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002569

FILED
Mar 01, 2009
Secretary of State

Entity Name: T.D.A.T.C., INC.

Current Principal Place of Business:

314 DIXIE STREET
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

PO BOX 638
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 59-3433491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLMONTEEN R
314 DIXIE STREET
CROSS CITY, FL 32628 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: D () Delete
Name: MALCOLM, W R
Address: 1581 BOULDERWOOD DR SE
City-St-Zip: ATLANTA, GA 30316

Title: D () Delete
Name: CHARLTON, LEE ANN
Address: 1211 W. 7TH ST.
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: PHILMORE, FELONZIE
Address: 1215 W. 7TH ST.
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: PERKINS, MAURINCE
Address: 505 LAFFAYATTE AVE
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: FEWS, IRENE
Address: PO BOX 611
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: CRAWL, JAFFRY LEE
Address: P.O. BOX 1685
City-St-Zip: OLD TOWN, FL 32628

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: WILLMONTEEN R. SMITH

O

03/01/2009

Electronic Signature of Signing Officer or Director

Date