

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001385

FILED
Apr 17, 2009
Secretary of State

Entity Name: BLACK BOTTOM/SPRINGFIELD HUMAN DEVELOPMENT CORPORATION

Current Principal Place of Business:

485 W. FIRST STREET
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

485 W. FIRST STREET
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-3466150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHIM, HENRY T REV.
485 W FIRST STREET
JACKSONVILLE, FL 32202 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: CD () Delete
Name: RHIM, H.T. (PASTOR)
Address: 485 WEST 1ST STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD () Delete
Name: BROWN, ALVIN
Address: 4454 MAYWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: GREGORY, E.C.
Address: 5816 CARNATION RD
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: HAYES, ALPHONSO JR
Address: 4319 TRENTON DR., N.
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD () Delete
Name: HUTCHINSON, PATRICIA A
Address: 8317 DELAWARE AVE
City-St-Zip: JACKSONVILLE, FL 32208

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: ALVIN BROWN

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date