

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000114

FILED
Apr 02, 2009
Secretary of State

Entity Name: PALATKA COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

201 NORTH 2ND. ST.
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

201 NORTH 2ND. ST.
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-6000401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYNTON, ELWIN C
201 NORTH 2ND. ST.
PALATKA, FL 32177 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: HODGE, SUSAN M
Address: 1523 CARR ST.
City-St-Zip: PALATKA, FL 32177

Title: VPD () Delete
Name: LARSON, C.W. II
Address: P.O. BOX 550
City-St-Zip: PALATKA, FL 321780550

Title: SD () Delete
Name: RYAN, LYNETTE
Address: NATIONS BANK PO DRAWER 1187
City-St-Zip: PALATKA, FL 321781187

Title: DT () Delete
Name: MIKELL, JOHN L
Address: 511 ST. JOHNS AVE.
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: SHANKS, MARJORIE T
Address: 1400 OCEAN ST.
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MYERS, LINDA O
Address: P.O. BOX 1772
City-St-Zip: PALATKA, FL 321781772

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
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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: ELWIN C. BOYNTON

MGR

04/02/2009

Electronic Signature of Signing Officer or Director

Date