

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002453

FILED
Mar 24, 2009
Secretary of State

Entity Name: TWIN OAKS JUVENILE DEVELOPMENT, INC.

Current Principal Place of Business:

11939 NW SR 20
BRISTOL, FL 32321

New Principal Place of Business:

Current Mailing Address:

PO BOX 68
BRISTOL, FL 32321

New Mailing Address:

FEI Number: 59-3512790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

READ, BENJIE
1232 STONEHURST WAY
TALLAHASSEE, FL 32312 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: DCEO () Delete
Name: READ, DONNIE
Address: 11939 NW SR 20
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: LEE, CURTIS
Address: PO BOX 161
City-St-Zip: BRISTOL, FL 32321

Title: DCFO () Delete
Name: READ, BENJIE
Address: 1232 STONEHURST WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: KEENEN, GLORIA
Address: 2222 SOUTH HWY 12
City-St-Zip: BRISTOL, FL 32321

Title: DST () Delete
Name: READ, TAMMY S
Address: 1232 STONEHURST WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: READ, BENJIE
Address: 1232 STONEHURST WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BUCHANON, VENISHA W
Address: 11239 NW 35TH AVENUE.
City-St-Zip: GAINESVILLE, FL 32606

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: BENJIE READ

CFO

03/24/2009

Electronic Signature of Signing Officer or Director

Date