

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90240 035 \*\*\*\*61.25

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1. Corporation Name

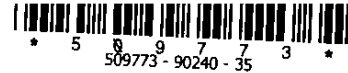
E.W. GRAHAM COMMUNITY DEVELOPMENT CENTER, INC.

Principal Place of Business

MILLS STREET  
WHITE SPRINGS FL 32096

Mailing Address

P.O. BOX 21  
WHITE SPRINGS FL 32096



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

59-3542794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, BERNARD  
MILLS STREET, 16797  
P.O. BOX 21 (MAILING)  
WHITE SPRINGS FL 32096

10. Name and Address of New Registered Agent

81 Name Bernard L. Williams  
82 Street Address (P.O. Box Number is Not Acceptable)  
16797 mill st  
83  
84 City White Springs FL 85 Zip Code 32096

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Bernard L. Williams President Bernard L. Williams  
(NOTE: Registered Agent signature required when reinstating)

4/18/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Bernard L. Williams	
STREET ADDRESS	P.O. Box 21 16797 mill st	
CITY-ST-ZIP	White Springs, FL 32096	
TITLE	vice President	<input type="checkbox"/> DELETE
NAME	John Graham	
STREET ADDRESS	16632 mill st	
CITY-ST-ZIP	White Springs, FL 32096	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Herman Stewart	
STREET ADDRESS	16718 Branch st	
CITY-ST-ZIP	White Springs, FL 32096	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Coretha Udell	
STREET ADDRESS	10461 2nd st	
CITY-ST-ZIP	White Springs, FL 32096	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Andy Larsen	
STREET ADDRESS	16804 Spring st	
CITY-ST-ZIP	White Springs, FL 32096	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Randy Ogburn	
STREET ADDRESS	10171 S.E. 161 Ave	
CITY-ST-ZIP	White Springs, FL 32096	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernard L. Williams President BERNARD L. WILLIAMS 4/19/99 (904) 392-1576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)