

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004236

FILED
Apr 22, 2009
Secretary of State

Entity Name: MEXICO BEACH COMMUNITY DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business:

102 CANAL PARKWAY
MEXICO BEACH, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13382
MEXICO BEACH, FL 32410

New Mailing Address:

FEI Number: 59-3522345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, LYNN
102 CANAL PARKWAY
MEXICO BEACH, FL 32456 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: CHA () Delete
Name: MULLEN, JACK
Address: PO BOX 13382
City-St-Zip: MEXICO BEACH, FL 32410

Title: VC () Delete
Name: HOBBS, CATHEY P
Address: PO BOX 13382
City-St-Zip: MEXICO BEACH, FL 32410

Title: ST () Delete
Name: YARBROUGH, SANDIE
Address: PO BOX 13382
City-St-Zip: MEXICO BEACH, FL 32410

Title: D () Delete
Name: ADAMS, CHRYSTINA
Address: PO BOX 13382
City-St-Zip: MEXICO BEACH, FL 32410

Title: D () Delete
Name: RISINGER, CONNIE
Address: PO BOX 13382
City-St-Zip: MEXICO BEACH, FL 32410

Title: D () Delete
Name: WOOD, SHAWNA
Address: PO BOX 13382
City-St-Zip: MEXICO BEACH, FL 32410

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: D (X) Change () Addition
Name: METZ, JAN
Address: PO BOX 13382
City-St-Zip: MEXICO BEACH, FL 32410

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: JACK MULLEN

Electronic Signature of Signing Officer or Director

CHAI

04/22/2009

Date