

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002913

FILED
Feb 03, 2009
Secretary of State

Entity Name: PALMER COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

1928 VELMA STREET SE
ATLANTA, GA 30315

New Principal Place of Business:

Current Mailing Address:

1928 VELMA STREET SE
ATLANTA, GA 30315

New Mailing Address:

FEI Number: 31-1660907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, CORA L
1928 VELMA STREET SE
ATLANTA, FL 30315 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: P () Delete
Name: PALMER, CORA L
Address: 1928 VELMA STREET SE
City-St-Zip: ATLANTA, GA 30315

Title: T () Delete
Name: FORD, ESTELLA
Address: 9 BAHIA PLACE LOOP
City-St-Zip: OCALA, FL 34472

Title: S () Delete
Name: WILLIAMS, MARVERNETTE
Address: 15735 NW 19TH AVE
City-St-Zip: OPA LOCKA, FL 33056

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:

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: DR CORA LEE PALMER

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date