

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000520

FILED
Apr 28, 2010
Secretary of State

Entity Name: S & A COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

34 AXIE SMITH RD.
QUINCY, FL 32352

New Principal Place of Business:

Current Mailing Address:

34 AXIE SMITH RD.
QUINCY, FL 32352

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMPKINS, STEVEN
34 AXIE SMITH RD.
QUINCY, FL 32352 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
Name: SIMPKINS, STEVEN
Address: 34 AXIE SMITH RD.
City-St-Zip: QUINCY, FL 32352

Title: VP
Name: SIMPKINS, ALONZTTA
Address: 34 AXIE SMITH RD.
City-St-Zip: QUINCY, FL 32352

Title: T
Name: PERKINS, MARY
Address: 2001 N.W. 191 ST
City-St-Zip: MIAMI GARDEN, FL

Title: D
Name: MOSLEY, KRISTEN
Address: P.O. BOX 176
City-St-Zip: MALONE, FL 32445

Title: D
Name: SCOTT, TYRONE
Address: P.O. BOX 703
City-St-Zip: QUINCY, FL 32352

Title: S
Name: CARTER, MINUSHA
Address: 2725 MISSON RD, APT 1104
City-St-Zip: TALLAHASSEE, FL 32304

I hereby 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 all other like empowered.

SIGNATURE: STEVEN SIMPKINS

P

04/28/2010

Electronic Signature of Signing Officer or Director

_____ Date