

**F09000004487**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: See Cover Page

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**National Community Renaissance Development**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shivers NOV 17 2009

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NATIONAL COMMUNITY RENAISSANCE DEVELOPMENT CORPORATION  
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Doretta Bryan  
Name of Person

National Community Renaissance  
Firm/Company

9065 Haven Ave., Suite 100

Address

Rancho Cucamonga, CA 91730  
City/State and Zip Code

dbryan@nationalcore.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Inette Libolt  
Name of Person

at ( 909 ) : 376-8217  
Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

**1. NATIONAL COMMUNITY RENAISSANCE DEVELOPMENT CORPORATION**

*(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)*

2. California 3. 31-1595125  
*(State or country under the law of which it is incorporated) (FEI number, if applicable)*

4. 11/12/1997 5. Perpetual  
*(Date of incorporation) (Duration; Year corp. will cease to exist or "perpetual")*

6. \_\_\_\_\_  
*(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty/liability.)*

7. 9065 Haven Ave., Suite 100, Rancho Cucamonga, CA 91730  
*(Principal office address)*

Same  
*(Current mailing address)*

8. Affordable Housing  
*(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)*

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 South Pine Island

Plantation Florida 33324  
*(City) (Zip Code)*

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Donald Brown  
*(Registered agent's signature)*

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Orlando Cabrera

Address: 9065 Haven Ave., Suite 100

Rancho Cucamonga, CA 91730

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Richard Whittingham

Address: 9065 Haven Ave., Suite 100

Rancho Cucamonga, CA 91730

Director: Doretta Bryan

Address: 9065 Haven Ave., Suite 100

Rancho Cucamonga, CA 91730

B. OFFICERS

President: Rebecca Clark

Address: 9065 Haven Ave., Suite 100

Rancho Cucamonga, CA 91730

Vice President: Tracy Thomas

Address: 9065 Haven Ave., Suite 100

Rancho Cucamonga, CA 91730

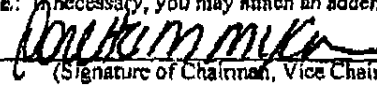
Secretary: Doretta Bryan

Address: 9065 Haven Ave., Suite 100, Rancho Cucamonga, CA 91730

Treasurer: Richard Whittingham

Address: 9065 Haven Ave., Suite 100, Rancho Cucamonga, CA 91730

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Doretta Bryan, Secretary, Director  
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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State of California  
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NATIONAL COMMUNITY RENAISSANCE DEVELOPMENT CORPORATION

FILE NUMBER: C2060556  
FORMATION DATE: 11/12/1997  
TYPE: DOMESTIC NONPROFIT CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

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I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to exercise  
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of November 09, 2009.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State