

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005108

**FILED**  
**Apr 02, 2011**  
**Secretary of State**

**Entity Name:** MOSES COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

8813 FALCON TRACE DR. SOUTH  
JACKSONVILLE, FL 32222

**New Principal Place of Business:**

**Current Mailing Address:**

8813 FALCON TRACE DR. SOUTH  
JACKSONVILLE, FL 32222

**New Mailing Address:**

**FEI Number:** 41-2044714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CRISWELL, MOSES L  
8813 FALCON TRACE DRIVE S  
JACKSONVILLE, FL 32222 US

**Name and Address of New Registered Agent:**

CRISWELL, MOSES L SR.  
8813 FALCON TRACE DRIVE S  
JACKSONVILLE, FL 32222 US

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: MOSES L. CRISWELL

04/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRISWELL, MOSES L P  
Address: 8813 FALCON TRACE DR S  
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: T  
Name: KNIGHT, KE'TERA  
Address: 3317 TALISMAN DR.  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: S  
Name: GAINES, ANGELA M S  
Address: 2900 BRITTANY BLUFF  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: BM  
Name: SPAN, MARKITTA  
Address: 7644 MELISSA COURT NORTH  
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: BM  
Name: LITTLE, IVORY  
Address: 8813 FALCON TRACE DR. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32222

Title: BM  
Name: CRISWELL, BELINDA  
Address: 8813 FALCON TRACE DR. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32222

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: MOSES L. CRISWELL

P

04/02/2011

Electronic Signature of Signing Officer or Director

Date