2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 11 AM 8:00

DOCUMENT # N93000002830

1. Entity Name
THE COMMUNITY CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 489 HALLANDALE, FL 33008	P.O. BOX 489 HALLANDALE, FL 33008

09142004 Chg-NP CR2E037 (10/03) MRD

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0487085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUCKER, JAMES L 300 NW 10TH STREET HALLANDALE, FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TUCKER, JAMES L 300 NW 10TH STREET HALLANDALE BEACH, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600041768596 10/11/04--01017--008 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GILBERT, REGINALD 716 NW 5TH COURT HALLANDALE BEACH, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition VPD Carlos Simmons 120 Golden Isles Dr. Hallandale Beach, Fl 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD DILLARD, TERRI L 308 NW 10TH STREET HALLANDALE BEACH, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition RSD Mary June Jones 816 N.W. 4 Terr. Hallandale, Fl 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMPSON, MARY 613 NW 4TH AVE HALLANDALE BEACH, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSD PERRAY-ROGERS, JULIA A 404 NW 3RD AVE HALLANDALE BEACH, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Sect. Ida Scott 657 N.W. 6 Court Hallandale, Fl 33009

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James L. Tucker 954-457-8862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #