2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004338

FILED Jan 16, 2009 Secretary of State

Entity Name: JUBILEE COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business: 1800 SW 1ST STREET SUITE 206 MIAMI, FL 33135 **New Mailing Address: Current Mailing Address:** 1800 SW 1ST STREET SUITE 206 MIAMI, FL 33135 FEI Number: 65-0441965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUDORF, FRANCIS V 1800 SW 1ST ST SUITE 206 MIAMI, FL 33135 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete VONWERNE, ELIZABETH Name: SUAREZ, ALBERTO J Name: 16201 SW 95TH AVENUE, SUITE 105 Address: 1800 SW 1ST STREET, SUITE 206 Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33135 Title: Title: () Delete () Change () Addition GUDORF, FRANCIS V Name: Name: Address: 1800 SW 1ST ST. #206 Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: Title: DVC () Delete Title: () Change () Addition HAMIDULLAH, HANEEF QAID Name: Name: 1939 NW 81ST STREET Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: () Delete Title: DS Title: () Change () Addition Name: FIKE, DAVID Name: 188 WHITEHORN DRIVE Address: Address: City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip: Title: DC () Delete Title: (X) Change () Addition SUAREZ, ALBERTO J MASTRUCCI, JOSEPH Name: Name: 22290 SW 162 AVENUE 1800 SW 1ST STREET, SUITE 206 Address: Address: City-St-Zip: MIAMI, FL 33170 City-St-Zip: MIAMI, FL 33135 Title: () Delete Title: () Change () Addition WILLIAMS, LILLIE M Name: Name: Address: 1180 NW 50 STREET Address: MIAMI, FL 33127 City-St-Zip: 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: FRANCIS V. GUDORF P 01/16/2009