

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002033 (7)

1. Corporation Name

BETTER COMMUNITY DEVELOPMENT, INC.



Principal Place of Business	Mailing Address
1875 N.E. 168TH ST. NORTH MIAMI BEACH FL 33162	1875 N.E. 168TH ST. NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified 04/28/1995	3a. Date of Last Report
4. FEI Number 65-0605135	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

**WILLINGER, SCOTT R
8181 N.W. 36TH STREET
SUITE 100
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHISHOLM, DAVID	
STREET ADDRESS	15313 S.W. 102ND PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RANSOM, VELVA	
STREET ADDRESS	5400 S.W. 19TH ST.	
CITY-ST-ZIP	W HOLLYWOOD FL 33023	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIDNEY, ERNEST	
STREET ADDRESS	1875 N.E. 168TH ST.	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Louis Chisholm	
STREET ADDRESS	5400 S. W. 19th Street	
CITY-ST-ZIP	W. Hollywood, Fl 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Shawn Ransom	
STREET ADDRESS	20515 N. W. 28th Ave	
CITY-ST-ZIP	Miami, Florida 33056	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1875 N. E. 168th St.
1.4 CITY-ST-ZIP	N. Miami Beach, Fla 33162
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Chisholm

4/1/96

Date

305-354-4685

Daytime Phone #

CR2E037 (12/95)