

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

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03-01-1999 90071 008 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002033**

1. Corporation Name  
**BETTER COMMUNITY DEVELOPMENT, INC.**

Principal Place of Business 1875 N.E. 168TH ST. NORTH MIAMI BEACH FL 33162	Mailing Address 1875 N.E. 168TH ST. NORTH MIAMI BEACH FL 33162
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/28/1995
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0605135
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
30. Country		

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISHOLM, DAVID	1.2 NAME	
STREET ADDRESS	1875 N.E. 168TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANSOM, VELVA	2.2 NAME	
STREET ADDRESS	5400 S.W. 19TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W HOLLYWOOD FL 33023	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISHOLM, LOUIS	3.2 NAME	
STREET ADDRESS	5400 S.W. 19TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANSOM, SHAWN	4.2 NAME	
STREET ADDRESS	20515 NW 28TH AVENUE	4.3 STREET ADDRESS	5404 SW 19th
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	West Hollywood, # = 33023
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: DAVID CHISHOLM SIGNATURE REQUIRED 2-2-99 305-354-4685

CR2E037 (1/198)