

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

FILED
97 MAR 28 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SM 3/28



DOCUMENT # N95000005410 (4)

1. Corporation Name
NATIONAL COMMUNITY DEVELOPMENT INC.

Reinstatement 1996 + 1997

Principal Place of Business

Mailing Address

6190 NORTHWEST 11TH STREET
SUNRISE FL 33313

6190 NORTHWEST 11TH STREET
SUNRISE FL 33313

3. Date Incorporated or Qualified
11/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1859 N. Pine Island Road

26 Same

4. FEI Number
58-5338014

Applied For
Not Applicable

Suite, Apt. #, etc.
22 #273

Suite, Apt. #, etc.
27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Plantation, Florida

28

Zip
24 33322

Country
25 Broward

Zip
29

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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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

Gail Shelby, as agent

GAIL SHELBY

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jennifer Fernandez
1.3 STREET ADDRESS	1859 N. Pine Island Road, #273
1.4 CITY-ST-ZIP	Plantation, Fla., 33322
2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nichole Califano
2.3 STREET ADDRESS	1859 N. Pine Island Road, #273
2.4 CITY-ST-ZIP	Plantation, Fla., 33322
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Juan Quevedo
3.3 STREET ADDRESS	1859 N. Pine Island Road, #273
3.4 CITY-ST-ZIP	Plantation, Fla., 33322
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

Date

(954)
296-4770

Daytime Phone #

CR2E037 (12/95)