

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**



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

DOCUMENT # N96000004631
 1. Corporation Name **Tyson Community Development Inc.**

Principal Place of Business **542-22nd St. West Palm Beach Fl. 33407**
 Mailing Address **SAME**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. 542-22nd St.	2b. 542-22nd St	31-1486858	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22. West Palm Beach	27. West Palm Beach	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. Florida	28. Florida		
Zip	Country		
24. 33407	25. Fla		
29. 33407	30. Fla		

9. Name and Address of Current Registered Agent

81. Name	Malissa N. Tyson
82. Street Address (P.O. Box Number is Not Acceptable)	3521 W. 35th St
83. City	Riviera Beach
84. State	FL
85. Zip Code	33404

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 **Malissa N. Tyson** **May 21, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Malissa N. Tyson	1.2 NAME	
STREET ADDRESS	3521 W. 35th St	1.3 STREET ADDRESS	
CITY-ST-ZIP	Riviera Beach Fl. 33404	1.4 CITY-ST-ZIP	
TITLE	Secretary	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Altamense, Bria	2.2 NAME	
STREET ADDRESS	225 Superior Pl.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W.P.B. Fl. 33409	2.4 CITY-ST-ZIP	
TITLE	Treasurer	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Butler	3.2 NAME	
STREET ADDRESS	2026 Ponce DeLeon Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	W.P.B. Fl. 33407	3.4 CITY-ST-ZIP	
TITLE	Trustee	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Atneities Graham	4.2 NAME	
STREET ADDRESS	536 1/2 - 22nd St	4.3 STREET ADDRESS	
CITY-ST-ZIP	W.P.B. Fl. 33407	4.4 CITY-ST-ZIP	
TITLE	Trustee	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherida Duval	5.2 NAME	
STREET ADDRESS	1337-10th St, W.P.B. Fl. 33401	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	Trustee	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynthia Morrow	6.2 NAME	
STREET ADDRESS	1221 W 24th Street	6.3 STREET ADDRESS	
CITY-ST-ZIP	Riviera Beach Fl 33404	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Malissa N. Tyson** **Malissa N. Tyson** **5-14-97** **(561) 833-1380**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)