


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90744 039 ****70.00

DOCUMENT # *N96000004631*
1. Entity Name
Tyson's Community Development Inc.



DO NOT WRITE IN THIS SPACE

66424551

2. Principal Place of Business
Tyson's Community Develop.
Suite, Apt. #, etc.
542-22nd St.
City & State
West Palm Beach Fl.
Zip
33407 Country
Fla. Beach

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

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4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name *NORMA TYSON*
Street Address (P.O. Box Number is Not Acceptable)
3521 W. 35th St.
Riviera Beach Fl.
City **FL** Zip Code *33404*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Norma R. Tyson* *Norma R. Tyson* *4/24/04*
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$81.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE <i>P</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Malissa M. Tyson</i> <i>3521 W. 35th St.</i> <i>Riviera Beach Fl. 33404</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <i>VP</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Juanita Bentley</i> <i>210 Shore Dr.</i> <i>Riviera Beach Fl. 33404</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <i>Sec</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Sec.</i> <i>Sandra Butler</i> <i>2026 Ponce De Leon Pt.</i> <i>W. P. B. Fl. 33407</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE <i>T</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>Alicia Graham</i> <i>542-22nd St.</i> <i>W. P. B. Fl. 33407</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Malissa M. Tyson* *Malissa M. Tyson* *4/26/04* *561-8331380*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Malissa M. Tyson

CR2E037B (12/02)