


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90002 032 \*\*\*\*61.25

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # N99000001140</b>   |         |  |         |
| 1. Entity Name<br><b>93RD ST. COMMUNITY DEVELOPMENT CORPORATION, INC.</b>      |         |   |         |
| Principal Place of Business<br><b>2330 N.W. 93RD STREET<br/>MIAMI FL 33147</b> |         | Mailing Address<br><b>2330 N.W. 93RD STREET<br/>MIAMI FL 33147</b>                |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



MOORE CR2E037 (4/04)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0894816</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

|   |  |  |          |
|---|--|--|----------|
| <b>6. Name and Address of Current Registered Agent</b>                    |  | <b>7. Name and Address of New Registered Agent</b> |          |
| <b>JOHNSON, CARL -PASTOR<br/>2264 S.W. 182ND WAY<br/>MIRAMAR FL 33029</b> |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | <b>FL</b>  | Zip Code |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By September 8, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JOHNSON, CARL PASTOR<br>2264 S.W. 182ND WAY<br>MIRAMAR FL 33029 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>WITHERSPOON, CLYDE DEACON<br>2251 N.W. 90TH STREET<br>MIAMI FL 33147 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WILLIAMS, EPHRAIM DEACON<br>17331 N.W. 32ND AVENUE<br>MIAMI FL 33056 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>CORA ROSS - SECRETARY</i><br><i>2280 N.W. 9655</i><br><i>MIAMI FLA 33147</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **7/26/2004** **385-836-0942**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #