## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Secretary of State DOCUMENT # N99000004332 04-09-2003 90174 048 \*\*\*\*61.25 1. Entity Name ANNA R. KING COMMUNITY DEVELOPMENT, INC. Principal Place of Business Mailing Address 55038938 18181 N.E. 31ST CT., APT. 2407 18181 N.E. 31ST CT., APT. 2407 AVENTURA FL 33160 **AVENTURA FL 33160** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0943962 Applied For Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, ANNA R Street Address (P.O. Box Number is Not Acceptable) 18181 N.E. 31ST CT., APT. 2407 AVENTURA FL 33160: Citv 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 Signature, typed oriprinted name of registered agent and title it applicable (NOTE: Recistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ଷ ☐ Addition TITLE ☐ Delete IME ☐ Channe 4 3 2 NAME KING, ANNA R 🗥 NAME 18181 N.E. 31ST CT., APT. 2407 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33160** CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE DOWNS, ETHEL NAME NAME STREET ADORESS 4210 S.W. 26TH ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP Addition TITLE Delete 126, A000 WILLIAMS, IVAN NAME NAME 40 PE 312 ESTE STAN 25 3409 STREET ADDRESS 4210 S.W. 26TH ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

May 08, 2003 8:00 am