


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006114**  
1. Entity Name  
**BISHOP CHARLES FOLSOM COMMUNITY DEVELOPMENT, INC.**



Principal Place of Business  
**1639 S. 21ST AVENUE  
HOLLYWOOD, FL 33020**

Mailing Address  
**1639 S. 21ST AVENUE  
HOLLYWOOD, FL 33020**



**DO NOT WRITE IN THIS SPACE**

04122006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**NOT APPLICABLE** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOLSOM, OLLIE J  
304 SE 9TH COURT  
APT # 6  
HALLANDALE, FL 33009**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is **\$61.25**  
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD FOLSOM, OLLIE J 304 SE 9TH COURT APT #6 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUZURI, KAREN 2750 PIERCE STREET HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, RENARD 304 SE 9TH COURT APT #6 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, SANDRA F 254 SW 13TH STREET APT #2 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000534787  
05/08/06-80026-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Ollie Folsom/Ollie Folsom* **4-25-06** **954-457-4761**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #