2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003313

Entity Name: FLORIDA COMMUNITY LOAN FUND, INC.

FILED Feb 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3107 EDGEWATER DRIVE SUITE 2 ORLANDO, FL 32804 **New Mailing Address: Current Mailing Address:** 3107 EDGEWATER DRIVE SUITE 2 ORLANDO, FL 32804 US FEI Number: 65-0545058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROMANI, BARBARA 8750 DORAL BLVD N MIAMI, FL 33178 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROMANI, BARBARA Name: Name: 8750 DORAL BLVD NO 7C Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: Title: VCD () Delete Title: () Change () Addition Name: HORVATH, DANIEL Name: Address: 302 BARCELONA STREET Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: () Delete Title: () Change () Addition ANDERSON, MILES Name: Name: Address: 2030 MIOYETTE RD Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: NOBLE, CARLOS Name: 700 BRICKELL AVE Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: BM () Delete Title: BM (X) Change () Addition ANDREWS, ARNOLD P AUGUSTIN, DOMINGUEZ Name: Name: 1213 16TH STREET, NORTH 300 NW 12TH AVENUE Address: Address: City-St-Zip: ST. PETERSBURG, FL 33705 City-St-Zip: MIAMI, FL 33128 Title: () Delete Title: () Change () Addition BROWN, DOUGLAS B Name: Name: Address: 128 EAST FORSYTH STREET Address: JACKSONVILLE, FL 32202 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGNACIO ESTEBAN ED 02/05/2004

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