
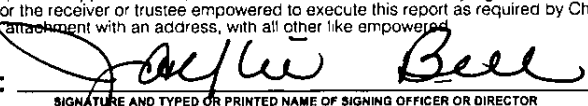


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 727927</b> 1. Entity Name NEW WASHINGTON HEIGHTS COMMUNITY DEVELOPMENT CONFERENCE, INC.					
Principal Place of Business 1600 N W 3RD AVE MIAMI, FL 33136 US			Mailing Address 1600 N W 3RD AVE MIAMI, FL 33136 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1653921	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BELL, JACKIE 1600 N W 3RD AVE MIAMI, FL 33136				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</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	ED		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, JACKIE		NAME	U00000959914	
STREET ADDRESS	1600 N.W. 3RD AVENUE		STREET ADDRESS	09/19/08-80001-004 61.25	
CITY-ST-ZIP	MIAMI, FL 33136		CITY-ST-ZIP		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ALVIN		NAME		
STREET ADDRESS	990 NE 125TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33136,		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLO, TIBOR		NAME		
STREET ADDRESS	444 BRICKELL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130,		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEY, JOYCE CARTER		NAME		
STREET ADDRESS	3398 NW 212 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33136,		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ISAAC, RICHARD		NAME		
STREET ADDRESS	601 NE 39 ST., #217		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	DS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLMES, BETTY		NAME		
STREET ADDRESS	1600 NW AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			Date: 9-12-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					