

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006296

**Entity Name:** ALLAPATTAH COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

4111 NW 17 AVENUE  
MIAMI, FL 33142

**Current Mailing Address:**

4111 NW 17 AVENUE  
MIAMI, FL 33142

**FEI Number: 27-2961872**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HOUSE OF GOD MIRACLES REVIVAL FELLOWSHIP  
4111 NW 17TH AVENUE  
MIAMI, FL 33142 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

**Officer/Director Detail :**

Title VP  
Name MCFARLAND, CARL  
Address 6472 BUCHANNAN STREET  
City-State-Zip: HOLLYWOOD FL 33024

Title T.  
Name FLOWERS, MARY L  
Address 2990 NW 65 AVENUE  
City-State-Zip: MIAMI FL 33147

Title S.  
Name EVERETT, BETTY  
Address 5831 SW 58 TERR.  
City-State-Zip: MIAMI FL 33143

Title D  
Name MCINTYRE, VINCENT  
Address 2038 NW 5 PLACE  
City-State-Zip: MIAMI FL 33127

Title D  
Name HARRIS, COMPTON  
Address 1731 NW 135 STREET  
City-State-Zip: MIAMI FL 33167

Title PRESIDENT  
Name MORRIS, JR., ULYSSES S.  
Address 11421 SW 203 TRTT.  
MIAMI  
City-State-Zip: MIAMI FL

*I hereby 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 all other like empowered.*

**SIGNATURE: MARY FLOWERS`**

**SECRETARY**

**02/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date