

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001492

**FILED**  
**Jan 05, 2017**  
**Secretary of State**  
**CC0530585565**

**Entity Name:** CENTER FOR NON-PROFIT AND COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

224 E. MOORE STREET  
TAMPA, FL 33603

**Current Mailing Address:**

1802 NORTH HOWARD AVENUE  
#45168  
TAMPA, FL 33677-5168

**FEI Number: 46-1039187**

**Certificate of Status Desired: No**

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

RANDOLPH, MICHAEL  
224 E. MOORE STREET  
TAMPA, FL 33603 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 D  
Name RANDOLPH, MICHAEL  
Address 224 E. MOORE STREET  
City-State-Zip: TAMPA FL 33603

Title D  
Name DULE, JANICE  
Address 1803 NORTH HOWARD AVENUE  
(SUITE 100)  
City-State-Zip: TAMPA FL 33607

Title D  
Name TYRELL, THERESA  
Address 103 MELANIE LANE  
City-State-Zip: BRANDON FL 33510

Title D  
Name MCGRUDER, AURELIA  
Address 1948 W. MARTIN LUTHER KING BLVD  
City-State-Zip: TAMPA FL 33607

*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: MICHAEL RANDOLPH**

**CEO/PRESIDENT**

**01/05/2017**

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

\_\_\_\_\_  
Date