

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

DOCUMENT# N14000008549

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC9419104814**

**Entity Name:** SOUTHEAST FLORIDA COMMUNITY DEVELOPMENT FUND, INC.

**Current Principal Place of Business:**

3440 HOLLYWOOD BOULEVARD, SUITE 140  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3440 HOLLYWOOD BOULEVARD, SUITE 140  
HOLLYWOOD, FL 33021

**FEI Number:** 47-1924613

**Certificate of Status Desired:** Yes

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

GOREN, CHEROF DOODY & EZROL, P.A.  
3099 EAST COMMERCIAL BLVD., SUITE 200  
FORT LAUDERDALE, FL 33308 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 TAYLOR, NORMAN E  
Address 3440 HOLLYWOOD BOULEVARD,  
SUITE 140  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name WRIGHT, BARRINGTON G  
Address 3440 HOLLYWOOD BOULEVARD,  
SUITE 140  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name CUEVAS, GABINO  
Address 3440 HOLLYWOOD BOULEVARD,  
SUITE 140  
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR OF FINANCE  
Name MCGANN, EDWARD  
Address PO BOX 813863  
City-State-Zip: HOLLYWOOD FL 33081

*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:** EDWARD MCGANN

**DIRECTOR OF FINANCE**

**01/29/2016**

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

\_\_\_\_\_  
Date