

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 714688

1. Entity Name
**HOME AND NEIGHBORHOOD DEVELOPMENT,
INCORPORATED**



Principal Place of Business
**1006 N WOODLAND BLVD
DELAND, FL 32724 US**

Mailing Address
**PO BOX 444
DELAND FLA, 32721 US**



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2859412

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIGSBY, ANN
1085 TORCHWOOD DR
DELAND, FL 32724**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANCE, LEONARD 2360 BEN FRANKLIN DR DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLWELL, ANN 27 RAMBLEWOOD TRAIL DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIGSBY, ANN 1085 TORCHWOOD DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAGUE, JOHN 812 EASTOVER CIR. DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STUBBS, DARALD 940 DOUGLAS AVE #177 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000000029
01/07/04-80002-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: *Ann Rigby*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/04 386-734-3398
Date Daytime Phone #