
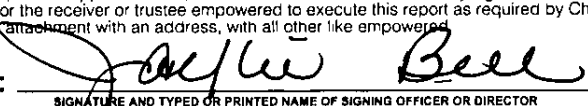


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # 727927</b> 1. Entity Name <b>NEW WASHINGTON HEIGHTS COMMUNITY DEVELOPMENT CONFERENCE, INC.</b>					
Principal Place of Business <b>1600 N W 3RD AVE</b> <b>MIAMI, FL 33136 US</b>		Mailing Address <b>1600 N W 3RD AVE</b> <b>MIAMI, FL 33136 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07282008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1653921</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				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	
<b>BELL, JACKIE</b> <b>1600 N W 3RD AVE</b> <b>MIAMI, FL 33136</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BELL, JACKIE</b>		NAME	<b>U00000958914</b>	
STREET ADDRESS	<b>1600 N.W. 3RD AVENUE</b>		STREET ADDRESS	<b>09/19/08-80001-004 61.25</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33136</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLIAMS, ALVIN</b>		NAME		
STREET ADDRESS	<b>990 NE 125TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33136</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLLO, TIBOR</b>		NAME		
STREET ADDRESS	<b>444 BRICKELL AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33130</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KEY, JOYCE CARTER</b>		NAME		
STREET ADDRESS	<b>3398 NW 212 STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33136</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ISAAC, RICHARD</b>		NAME		
STREET ADDRESS	<b>601 NE 39 ST., #217</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLMES, BETTY</b>		NAME		
STREET ADDRESS	<b>1600 NW AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		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 empowers.					
SIGNATURE: 			Date: <b>9-12-08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		