FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748384** **(5)**

1. Corporation Name

THE COLLIER CITY/POMPANO BEACH COMMUNITY DEVELOPMENT INC.

Principal Place of Business	Mailing Address
3001 N.W. 8TH STREET POMPANO BCH FL 33069	3001 N.W. 8TH STREET POMPANO BCH FL 33069

3. Date Incorporated or Qualified: **08/07/1979**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **59-2116137** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALFRED CALLOWAY
3001 N.W. 8TH STREET
POMPANO BCH FL 33394

10. Name and Address of New Registered Agent

81 Name: Robert L. Lewis
82 Street Address (P.O. Box Number is Not Acceptable): 3001 NW 8th Street
83:
84 City: Pompano Beach FL 85 Zip Code: 33069

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: LEWIS, ROBERT L Robert L Lewis 5-30-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SID JONES		1.2 NAME	
STREET ADDRESS	2114 NW 5TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANTHONY, DEBORAH		2.2 NAME	
STREET ADDRESS	604 GARDENS DR. #101		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069		2.4 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LINDA HUNTER		3.2 NAME	
STREET ADDRESS	1250 NW 27TH AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SUTTON, GLADYS		4.2 NAME	
STREET ADDRESS	3001 NW 8 ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069		4.4 CITY-ST-ZIP	
TITLE	ACC	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, KEVIN		5.2 NAME	100001883751
STREET ADDRESS	7901 SOTHGATE BLVD. C-2		5.3 STREET ADDRESS	-07/03/96--01077--001
CITY-ST-ZIP	NORTH LAUDERDALE FL 33069		5.4 CITY-ST-ZIP	***70.00
TITLE	ATD	☐ DELETE	6.1 TITLE	D ☒ Change ☐ Addition
NAME	BOSTIC, GLENN REV.		6.2 NAME	EVELYN KNOWLES
STREET ADDRESS	660 NW 18TH CT.		6.3 STREET ADDRESS	3001 N.W. 8 STREET
CITY-ST-ZIP	POMPANO BCH FL 33060		6.4 CITY-ST-ZIP	POMPANO BEACH FL ##)¢(

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SID JONES Sid Jones 4/29/96 (954) 977-4024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/31/96

CR2E037 (12/95)