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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33069-2140

3. Date Incorporated or Qualified: 08/07/1979
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 3001 N.W. 8TH STREET	26 3001 N.W.8TH STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: POMPANO BCH FL 33069	28 City & State: POMPANO BCH FL
24 Zip: 33069 25 Country: BROWARD	29 Zip: 33069 30 Country: BROWARD

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	10. Name and Address of New Registered Agent
LEWIS, ROBERT L 3001 N.W. 8TH STREET POMPANO BCH FL 33069	81 Name: LEWIS, ROBERT L 82 Street Address (P.O. Box Number is Not Acceptable): 3001 n.w.3th street 83: POMPANO BCH FLORIDA 33069 84 City: POMPANO BCH. FLORIDA 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: Robert L. Lewis
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 4/26/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/C	☐ DELETE	1.1 TITLE	D/c	☐ Change ☒ Addition
NAME	SID JONES		1.2 NAME	SID JONES	
STREET ADDRESS	2114 NW 5TH ST		1.3 STREET ADDRESS	2114 N.W. 5TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	DC	☐ DELETE	2.1 TITLE	DC	☐ Change ☒ Addition
NAME	ANTHONY, DEBORAH		2.2 NAME	ANTHONY DEBORAH	
STREET ADDRESS	604 GARDENS DR. #101		2.3 STREET ADDRESS	604 GARDENS DR. #101	
CITY-ST-ZIP	POMPANO BEACH FL 33069		2.4 CITY-ST-ZIP	POMPANO BCH. FLORIDA	
TITLE	DC	☐ DELETE	3.1 TITLE	DC	☒ Change ☐ Addition
NAME	LINDA HUNTER		3.2 NAME	BETTYE MAXWELL	
STREET ADDRESS	1250 NW 27TH AVE		3.3 STREET ADDRESS	120 N.W. 15th STREET	
CITY-ST-ZIP	POMPANO BCH FL		3.4 CITY-ST-ZIP	POMPANO BCH FL. 33060	
TITLE	S	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	SUTTON, GLADYS		4.2 NAME	JANET COOPER	
STREET ADDRESS	3001 NW 8 ST		4.3 STREET ADDRESS	3001 N.W. 8TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069		4.4 CITY-ST-ZIP	POMPANO BCH. FL 33069	
TITLE	ACC	☐ DELETE	5.1 TITLE	ACC	☐ Change ☒ Addition
NAME	MCBRIDE, KEVIN		5.2 NAME	MC BRIDE, KEVIN	
STREET ADDRESS	7901 SOTHGATE BLVD. C-2		5.3 STREET ADDRESS	7901 SOUTHGATE BLVD C-2	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33069		5.4 CITY-ST-ZIP	NORTH LAUDERDALE FL 33069	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	KNOWLES, EVELYN		6.2 NAME	KNOWLES EVELYN	
STREET ADDRESS	3001 N.W. 8TH STREET		6.3 STREET ADDRESS	3001 N.W. 3TH STREET	
CITY-ST-ZIP	POMPANO BCH FL 33069		6.4 CITY-ST-ZIP	POMPANO BCH. FL 33069	

CR2E037 (9/96)

14. I do 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 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: Kevin McBride REQUIRED 4/28/97 954-977-2024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0025830