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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748384**

1. Corporation Name
THE COLLIER CITY/POMPANO BEACH COMMUNITY DEVELOP MENT INC.

481535 - 90135 - 48

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/07/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2116137 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EDDY, JAMES R 2401 E ATLANTIC BLVD POMPANO BCH FL 33062	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MAXWELL, BETTYE		3.2 NAME	
STREET ADDRESS	120 N.W. 15TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL		3.4. CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, JANET		4. 2 NAME	
STREET ADDRESS	3001 N.W. 8TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	5.1 TITLE	D ☑ Change ☐ Addition
NAME	NCCAKKM RIBERTM S		5.2 NAME	Judith Deboug
STREET ADDRESS	4381 W MCNAB RD 18		5.3 STREET ADDRESS	2686 N.W. 60 Way 33313
CITY-ST-ZIP	POM BCH FL 33060		5.4 CITY-ST-ZIP	Sunrise, FL.
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KNOWLES, EVELYN		6.2 NAME	
STREET ADDRESS	3001 N.W. 8TH STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33069		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 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 an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Sid Jones 4/27/99 (954) 977-4024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #