2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# 748384

Entity Name: THE COLLIER CITY/POMPANO BEACH COMMUNITY DEVELOPMENT INC.

Current Principal Place of Business:

3001 N.W. 8TH STREET
POMPANO BCH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

3001 N.W. 8TH STREET
POMPANO BCH, FL 33069 US

New Mailing Address:

FEI Number: 59-2116137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EDDY, JAMES R
2401 E ATLANTIC BLVD
POMPANO BCH, FL 33062 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D/C ( ) Delete
Name: SID JONES,
Address: 2114 NW 5TH ST
City-St-Zip: POMPANO BEACH, FL

Title: DC ( ) Delete
Name: COPELAND, ESSIE
Address: 3001NW 8TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: S/T ( ) Delete
Name: MAXWELL, BETTYE
Address: 120 N.W. 15TH ST.
City-St-Zip: POMPANO BCH, FL

Title: DC ( ) Delete
Name: KNOWLES, WANDA
Address: N.W. 5 ST.
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: DORSEY, FLOYD
Address: 3001 NW 8TH
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: MOHORN, JAMES
Address: 3001 N.W. 8TH STREET
City-St-Zip: POMPANO BCH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SID JONES DC 04/11/2007

Electronic Signature of Signing Officer or Director — Date