

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763287** (0)

1. Corporation Name

**FLORIDA FEDERATION OF COMMUNITY DEVELOPMENT CORP  
ORATIONS, INCORPORATED**

Principal Place of Business

Mailing Address

2121 W. FIRST ST.  
FT. MYERS FL 33902  
US

2121 W. FIRST ST.  
FT. MYERS FL 33902  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/14/1982**

3a. Date of Last Report  
**08/14/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

21 Suite, Apt. #, etc.

23 City & State

23 City & State

24 Zip

25 Country

24 Zip

30 Country

4. FEI Number  
**59-2524253**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNIX, ROY  
2121 W. 1ST ST.  
REAR  
FT. MYERS FL 33902**

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

*Roy N. Kennix*

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/15/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENNIX, ROY	
STREET ADDRESS	2121 W. 1ST ST.	
CITY-ST-ZIP	FT. MYERS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, GAIL	
STREET ADDRESS	149 W. PLAZA SUITE 235	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Williams, Gail
2.3 STREET ADDRESS	77 W. Plaza
2.4 CITY-ST-ZIP	Miami, FL

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, ANITA	
STREET ADDRESS	1899 SW 22 ST	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Coney, Chloe
3.3 STREET ADDRESS	2705 E. Martin Luther King Jr. Blvd.
3.4 CITY-ST-ZIP	Tampa, FL

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	QUINYARD, VIAN	
STREET ADDRESS	214 W. UNIV. AVE., STE. D	
CITY-ST-ZIP	GAINESVILLE FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Revaes, Ron
4.3 STREET ADDRESS	395 N.W. First St., Room 101
4.4 CITY-ST-ZIP	Miami, FL

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GULLEY, ISAY	
STREET ADDRESS	808 N. GARDEN AVE.	
CITY-ST-ZIP	CLEARWATER FL	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jimmy Griffin
5.3 STREET ADDRESS	1501 W. Silver Springs Blvd.
5.4 CITY-ST-ZIP	Ocala, FL

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

ROY

SIGNATURE REQUIRED

*Roy N. Kennix*

(941)

337-2300

CR2E037 (4/97)