
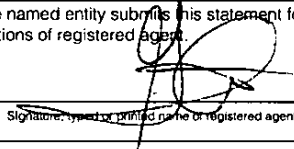
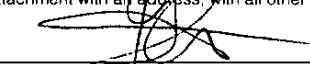


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90043 046 ****70.00

DOCUMENT # 764971					
1. Entity Name CENTRAL FLORIDA COMMUNITY DEVELOPMENT CORPORATION, INC.					
Principal Place of Business 847 ORANGE AVE DAYTONA BEACH, FL 32114 US			Mailing Address P O BOX 15065 DAYTONA BEACH, FL 32115		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04302007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2304692	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE, REGINALD E, ESQUIRE 559 SECOND AVE, SUITE 1 DAYTONA BEACH, FL 32114			Name <u>Gerald O. Chester</u> Street Address (P.O. Box Number is Not Acceptable) <u>220 Zacharias Circle</u> City <u>Daytona Beach</u> FL Zip Code <u>32124</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			<u>Gerald O. Chester</u> <u>4/30/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HYMES, TURNER 612 BYRON STREET DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WRIGHT 1590 S. NOVA ROAD DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTHONY, JOAN 847 ORANGE AVENUE DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCMILLAN, CONSTANCE 644 DR MARY MCLEOD BETHUNE BLVD DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CHESTER, GERALD O 841 BETHUNE VILLAGE DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYNER, SANDRA 614 S. CAROLINE AVENUE COCOA, FL 32922	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PECO <u>Chester, Gerald O</u> <u>847 Orange Avenue</u> <u>Daytona Beach, FL 32114</u>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date <u>4/30/07</u> Daytime Phone # <u>386.226.1216</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					