

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90037 028 \*\*\*\*70.00

**DOCUMENT # 766122**

1. Entity Name

**THE WEST PERRINE COMMUNITY DEVELOPMENT  
CORPORATION, INC.**



Principal Place of Business  
**17755 HOMESTEAD AVE.  
MIAMI FL 33157  
US**

Mailing Address  
**17755 HOMESTEAD AVE.  
MIAMI FL 33157  
US**

**00006023**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2478619**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOCK, PAUL  
7210 SW 57 AVE, SUITE 208  
SOUTH MIAMI FL 33143**

Name

**EDWARD H. HANNA, JR.**

Street Address (P.O. Box Number is Not Acceptable)

**10301 S.W. 145 STREET**

City

**MIAMI**

**FL**

Zip Code  
**33176**

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

*Edward Hanna, Jr.*

**Edward Hanna, Jr. - President**

**06/24/05**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	SPENCER, ROBERT	
STREET ADDRESS	10875 S. W. 216 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BRYANT, JAMES	
STREET ADDRESS	13715 MONROE STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DENNIS, MELVIN	
STREET ADDRESS	16810 SW 108 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, SARAH	
STREET ADDRESS	10470 SW 170 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEBB, LINDA	
STREET ADDRESS	10461 SW 177 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, HENRY	
STREET ADDRESS	10480 SW 171ST ST.	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 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:

*Robert L. Spencer*

**Robert L. Spencer-Chairman**

**06/24/05**

**305-252-0129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #