

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005341

FILED
Mar 02, 2005
Secretary of State

Entity Name: THE HERD COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

108 N. MAGNOLIA AVE #600
OCALA, FL 34475 US

New Principal Place of Business:

850 NORTH PINE AVE
OCALA, FL 34475 US

Current Mailing Address:

108 N. MAGNOLIA AVE #600
OCALA, FL 34475 US

New Mailing Address:

850 NORTH PINE AVE
OCALA, FL 34475 US

FEI Number: 95-4760461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, KEITH
1423 S. GADSDEN ST
TALLAHASSEE, FL 32301 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 () Delete
Name: WAINWRIGHT, MARGO
Address: 5436 ONACREST DRIVE
City-St-Zip: LOS ANGELES, CA 90043

Title: D () Delete
Name: SHAW, DOUGLAS L
Address: 1565 ELDER TREE DRIVE
City-St-Zip: DIAMOND BAR, CA 91765

Title: D () Delete
Name: HADLEY, PATRICK
Address: 108 N. MAGNOLIA AVE #600
City-St-Zip: OCALA, FL 34475 US

Title: D () Delete
Name: SHAW, LETICIA
Address: 1565 ELDER TREE DRIVE
City-St-Zip: DIAMOND BAR, CA 91765

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK HADLEY

D

03/02/2005

Electronic Signature of Signing Officer or Director

Date