

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001884

FILED
Mar 30, 2005
Secretary of State

Entity Name: EBT COMMUNITY OUTREACH AND DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

4824 NW 167 STREET
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

4824 NW 167 STREET
MIAMI, FL 33014

New Mailing Address:

FEI Number: 65-0984627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EALEY, BEATRICE J
4824 NW 167 STREET
MIAMI, FL 33014 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: P/D () Delete
Name: EALEY, BEATRICE J
Address: 2900 N. 26TH AVENUE # 513
City-St-Zip: HOLLYWOOD, FL 33020

Title: S/T () Delete
Name: DAVIS, JOYCE
Address: P. O. BOX 849126
City-St-Zip: PEMBROKE PINES, FL 33084

Title: T/T () Delete
Name: BAKER, RAYMOND
Address: P. O. BOX 849216
City-St-Zip: PEMBROKE PINES, FL 33084

Title: V/T () Delete
Name: EALEY, GERALD
Address: P. O. BOX 173902
City-St-Zip: HIALEAH, FL 33017

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: JOYCE DAVIS

S/T

03/30/2005

Electronic Signature of Signing Officer or Director

Date