

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001884

FILED  
Mar 24, 2006  
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:**

4792 NW 167 STREET  
MIAMI, FL 33014

**Current Mailing Address:**

4824 NW 167 STREET  
MIAMI, FL 33014

**New Mailing Address:**

4792 NW 167 STREET  
MIAMI, FL 33014

**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:**

EALEY, BEATRICE J  
4792 NW 167 STREET  
MIAMI, FL 33014 US

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:

03/24/2006

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: EALEY, BEATRICE J  
Address: 1910 THOMAS STREET A. B  
City-St-Zip: HOLLYWOOD, FL 33020

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 Chapter 119, 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

SEC

03/24/2006

Electronic Signature of Signing Officer or Director

Date