


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000002099</b> 1. Entity Name V.T. & D. COMMUNITY DEVELOPMENT CORPORATION, INC.	
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Principal Place of Business  
3701 NW 26 STRET  
LAUDERDALE LAKES, FL 33311

Mailing Address  
3701 NW 26 STRET  
LAUDERDALE LAKES, FL 33311



06302004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0992020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CARTER, ANTHONY W  
3701 NW 26 STRET  
LAUDERDALE LAKES, FL 33311

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CARTER, ANTHONY W 3701 NW 26TH STREET LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, MICHELLE 2940 NW 24TH AVENUE FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARJORIE 1713 NW 5TH STREET FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, VONDA K 3701 NW 26TH STREET LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZELL, CAMERON 1305 NW 6TH STREET FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000163346  
07/06/04-80009-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_