

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90287 003 \*\*\*\*61.25

**DOCUMENT # N00000003530**

1. Entity Name  
**BERNICE A. RUSSELL COMMUNITY DEVELOPMENT  
CORPORATION, INC.**



Principal Place of Business  
PO BOX 510818  
PUNTA GORDA, FL 33951-0818

Mailing Address  
PO BOX 510818  
PUNTA GORDA, FL 33951-0818

**50023498**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152005 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-1013568

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

MURPHY, JOHN  
638 MONACO DRIVE  
PUNTA GORDA, FL 33950

Name

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

City

**FL**

Zip Code

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

*John H. Murphy*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/23/05*

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME P  
STREET ADDRESS MURPHY, JOHN  
CITY-ST-ZIP 638 MONACO DRIVE  
PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS ALLEN, JOHN  
CITY-ST-ZIP 624 SHOWALTER AVENUE  
PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SED  
STREET ADDRESS BIREDA, MARTHA R  
CITY-ST-ZIP PO BOX 510818  
PUNTA GORDA, FL 339510818

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME BOD  
STREET ADDRESS BAILEY, LOREN  
CITY-ST-ZIP 460 MILUS STREET  
PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME BOD  
STREET ADDRESS U S CLEVELAND  
CITY-ST-ZIP 1517 MCGREAGOR  
PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME BOD  
STREET ADDRESS WHITAKER, CONSTANCE  
CITY-ST-ZIP 13584 CLARA LANE  
PORT CHARLOTTE, FL 33981

TITLE ☐ Change ☐ 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:

*Martha R. Bireda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/23/05 (941) 358-5652*