

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90194 032 ****61.25

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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

40066040



2. Principal Place of Business

3. Mailing Address

04192006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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 May 1, 2006**

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE T ☐ Change ☒ Addition
NAME MARION, YOLANDA
STREET ADDRESS 429 SHOWALTER AVE
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE VP ☐ Change ☐ Addition
NAME REV BROOKS, CARL F
STREET ADDRESS 411 E CHARLOTTE AVE
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE S ☐ Change ☒ Addition
NAME WASHINGTON, MELODY
STREET ADDRESS PO BOX 512348
CITY-ST-ZIP punta gorda, fl 33950

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

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 exemptions contained 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 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 #