


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90010 003 ****70.00

DOCUMENT # N00000003789

1. Entity Name
ALARM COMMUNITY DEVELOPMENT CENTER, INC.



Principal Place of Business
**1609 BRANCH STREET
TALLAHASSEE, FL 32303**

Mailing Address
**1609 BRANCH STREET
TALLAHASSEE, FL 32303**

2. Principal Place of Business
2720 Blairstone Rd.

3. Mailing Address
P.O. Box 5318

Suite, Apt. #, etc.
Building C

Suite, Apt. #, etc.

City & State
Tallahassee, FL.

City & State
Tallahassee, FL.

Zip
32301

Country

Zip
32314-5318

Country

01272004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3636164

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEWART, ALVIN JR
2306 BRYNMAHR DR
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	STEWART, ALVIN JR	
STREET ADDRESS	2306 BRYNMAHR DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEWART, ALVIN JR	
STREET ADDRESS	2306 BRYNMAHR DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEWART, LISA	
STREET ADDRESS	2306 BRYNMAHR DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAMSON, LAWRENCE	
STREET ADDRESS	2131 N MERIDIAN RD, #141	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19-07(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 lines empowered.

SIGNATURE:  **Alvin D. Stewart, Jr.** 1/27/04 (850)561-8901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #