

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90051 047 ****61.25

DOCUMENT # N00000004109			
1. Entity Name FLORA HAMILTON ROBERTS COMMUNITY FUND CORPORATION			
Principal Place of Business P O BOX 1594 9326 FT MYERS, FL 33902 - 9326		Mailing Address P O BOX 1594 P.O. Box 9326 FT MYERS, FL 33902 - 9326	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 9326 Suite, Apt. #, etc.	
City & State City: Fort Myers, FL		4. FEI Number 65-1006189	
Zip 33902-9326		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent YOUNG, MATTIE S 1540 LOCKWOOD STREET FORT MYERS, FL 33916		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: <u>Mattie S. Young</u> DATE: <u>5/1/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 Director <input type="checkbox"/> Delete	NAME GOVAN, ROSE E STREET ADDRESS 2478 DUPREE ST CITY-ST-ZIP FORT MYERS, FL 33916 <i>No Longer the President</i>	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Young, Mattie S. STREET ADDRESS 1540 Lockwood ST CITY-ST-ZIP Fort Myers, FL 33916 <i>To New President</i>
TITLE TD <input type="checkbox"/> Delete	NAME BROCK, CHRISTINE STREET ADDRESS 12874 VISTA PINE CIRCLE CITY-ST-ZIP FT MYERS, FL 33913	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Harris, Mattie STREET ADDRESS 3049 St Charles ST CITY-ST-ZIP Fort Myers, FL 33916 <i>new</i>
TITLE <input checked="" type="checkbox"/> Change to Vice-President <input type="checkbox"/> Delete	NAME FORBES, LYNDIA STREET ADDRESS 1104 MOHAWK PARKWAY CITY-ST-ZIP CAPE CORAL, FL 33914	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Upshaw-Benjamin, Daisy STREET ADDRESS P.O. Box 50342 CITY-ST-ZIP Fort Myers, FL 33994 <i>new</i>
TITLE D <input type="checkbox"/> Delete	NAME HICKS-WILEY, HELEN STREET ADDRESS 2511 DAVIS STREET CITY-ST-ZIP FT MYERS, FL 33916	TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Govan, Rose E STREET ADDRESS 2478 Dupree ST CITY-ST-ZIP Fort Myers, FL 33916 <i>Change to Director</i>
TITLE D <input checked="" type="checkbox"/> Delete	NAME SOHN, GLADYS STREET ADDRESS 2085 PAULDO ST CITY-ST-ZIP FT MYERS, FL 33916	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE S <input type="checkbox"/> Delete	NAME LEFTWICH, CHERYL P STREET ADDRESS 4111 SE 1ST AVE CITY-ST-ZIP CAPE CORAL, FL 33904	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 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: <u>Mattie S. Young</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/1/07 (239) 337-8263</u> <small>Date Daytime Phone #</small>	