

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004279

FILED
Apr 17, 2006
Secretary of State

Entity Name: NEW GROWTH COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

915 DREW STREET
CLEARWATER, FL 33755

New Principal Place of Business:

1170 COURT STREET
CLEARWATER, FL 33756

Current Mailing Address:

P. O. BOX 5852
CLEARWATER, FL 33758

New Mailing Address:

1170 COURT STREET
CLEARWATER, FL 33756

FEI Number: 59-3654161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUTLIFF, YATE K
501 FIRST AVE. NORTH, SUITE 507
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BROTHERS, NORRIS
Address: 221 - 37TH STREET
City-St-Zip: ST. PETERSBURG, FL 33711

Title: PD () Delete
Name: PEARSON, NORMAN
Address: 262 HEMINGWAY DR
City-St-Zip: OLDSMAR, FL 34677

Title: VCD () Delete
Name: HEMPHILL, DAISY
Address: 133 BASS ST
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: BEVERS, NANCY
Address: 2960 TANSLEWOOD DR. BLDG. G
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: ARTHUR, SMITH
Address: 6850 7TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: TD () Delete
Name: TORRES, JOSA
Address: 9325 MANSATD LANE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCD (X) Change () Addition
Name: DON, PERKINS
Address: 3617 MERIDEN AVE
City-St-Zip: OLDSMAR, FL 34677

Title: SD (X) Change () Addition
Name: ZORAIDA, FLORES
Address: 110 GRAPFRUIT DR.
City-St-Zip: CLEARWATER, FL 33759

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN PESRSON

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date