

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005829

FILED
Jun 29, 2005
Secretary of State

Entity Name: TEKOAH COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

99 N.W. 183 ST.
SUITE 122
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

99 N.W. 183 ST.
SUITE 122
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-1037328 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FORRESTER, DON
99 NW 183 ST.
122
MIAMI, FL 33169 US

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: CEO () Delete
Name: FORRESTER, MAGDALENE
Address: 99 N.W 183 ST
City-St-Zip: MIAMI, FL 33169

Title: TRU () Delete
Name: FORRESTER, DON
Address: 99 NW 183 ST
City-St-Zip: MIAMI, FL 33169

Title: TRU () Delete
Name: FORRESTER, MAGDALENE
Address: 99 NW 183 ST
City-St-Zip: MIAMI, FL 33169 US

Title: TRU () Delete
Name: PRESLEY, JANINE
Address: 99 NW 183 ST
City-St-Zip: MIAMI, FL 33169 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TRU (X) Change () Addition
Name: TURNER, DESMOND
Address: 99 NW 183 ST
City-St-Zip: MIAMI, FL 33169 US

Title: TRU () Change (X) Addition
Name: TURNER, DONAVAN
Address: 99 NW 183 ST
City-St-Zip: MIAMI, FL 33169 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DON FORRESTER

TRU

06/29/2005

Electronic Signature of Signing Officer or Director

Date