

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005936

1. Entity Name
**B. G. A. INDUSTRIES COMMUNITY DEVELOPMENT
CORPORATION**



Principal Place of Business
**9117 LEM TURNER RD
JACKSONVILLE, FL 32208**

Mailing Address
**9117 LEM TURNER RD
JACKSONVILLE, FL 32208**

DO NOT WRITE IN THIS SPACE



04282005 No Chg-NP CR2E037 (10/03)

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|---|-------------------------------|
| 4. FEI Number 59-3669195 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**ALLEN, BRUCE V REV
10832 NAPLES CT. S.
JACKSONVILLE, FL 32218**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALLEN, BRUCE V REV 10832 NAPLES CT. S. JACKSONVILLE, FL 32218 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ALLEN, RENITA 10832 NAPLES COURT SOUTH JACKSONVILLE, FL 32218 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PARL SMITH, LUVETRO 1432 RAVEN DRIVE SOUTH JACKSONVILLE, FL 32218 |

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PAID

CK. NO. 1002
DATE 4/29/05

**DO NOT WRITE
IN THIS SPACE**

U00000355537
05/03/05-80150-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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 #