


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90740 007 ****61.25

DOCUMENT # N00000006944 1. Entity Name GLENDAL OF BROWNSVILLE COMMUNITY DEVELOPMENT CORPORATION					
Principal Place of Business 4501 NW 22ND AVE. MIAMI FL 33142			Mailing Address 4501 NW 22ND AVE. MIAMI FL 33142		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILTON, TOMMY L REV. DR 1180 NW 184TH TERRACE PEMBORKE PINES FL 33029			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILTON, TOMMY L		NAME		
STREET ADDRESS	1180 NW 184TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, EDDIE JR		NAME		
STREET ADDRESS	15920 NW 19 AVE.		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33168		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILTON, BERTHA K		NAME		
STREET ADDRESS	4501 NW 22ND AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, ERNEST		NAME		
STREET ADDRESS	110 NW 58TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, JONNE		NAME		
STREET ADDRESS	2166 NW45TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, EDDIE		NAME		
STREET ADDRESS	1820 NW 42ND STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Red on Tommy L Milton</i>			04/29/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		