2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# N00000007145

Entity Name: REMBRANDT COMMUNITY DEVELOPMENT CENTER INCORPORATED

Current Principal Place of Business:

4410 DIANA STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

PO BOX 292245
TAMPA, FL 33687

New Mailing Address:

FEI Number: 59-3679972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUNN, STEPHEN A
4839 E. 99TH AVE.
TAMPA, FL 33617 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:	PD	( ) Delete
Name:	NUNN, STEPHEN A	
Address:	4839 E. 99TH AVE.	
City-St-Zip:	TAMPA, FL 33617	
Title:	VP	( ) Delete
Name:	PEEPLES, HERBERT	
Address:	2201 FAIRFIELD AVE.	
City-St-Zip:	BRANDON, FL 33510	
Title:	SD	( ) Delete
Name:	GODDARD, VALERIE	
Address:	2511 KNOLLWOOD CT.	
City-St-Zip:	TAMPA, FL 33614	
Title:	TD	( ) Delete
Name:	LINDSEY, TERYL	
Address:	7144 E. BANK DR.	
City-St-Zip:	TAMPA, FL 33617	
Title:	D	( ) Delete
Name:	GREEN, DANIEL	
Address:	8501 N. 50TH ST. #1102	
City-St-Zip:	TAMPA, FL 33617	
Title:	D	( ) Delete
Name:	FOWLER, TAMMIE	
Address:	12202 N. 15TH ST.	
City-St-Zip:	TAMPA, FL 33612	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: STEPHEN A. NUNN PD 04/12/2009

Electronic Signature of Signing Officer or Director — Date