

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT #N000000007932

1. Entity Name
FRENCHTOWN Community Development Corporation

02 MAR 11 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
710 Dewey Street
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 10388
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee

City & State
Tallahassee

4. FEI Number
59-3684332

Applied For
Not Applicable

Zip
FLA 32303 Country
USA

Zip
FLORIDA 32302 Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

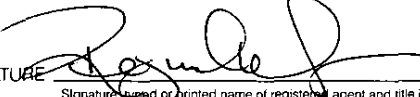
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Regina M. Davis
Street Address (P.O. Box Number is Not Acceptable)
710 Dewey Street

City
Tallahassee FL Zip Code
32303

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.

SIGNATURE


3-11-02

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
TREASURER/DIRECTOR
NAME
ROBERT KENNON
STREET ADDRESS
CITY-ST-ZIP
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500005081795--1
-03/12/02--01003--004
****125.00 *****70.00

TITLE
PRESIDENT/DIRECTOR/TREASURER
NAME
NA'IM MAJEED
STREET ADDRESS
CITY-ST-ZIP
907 Dent Street
Tallahassee, FL 32302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/DIRECTOR
NA'IM AKBAR
324 NORTH COPELAND STREET
TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT/DIRECTOR
EUGENE TELFAIR
846 W. BREVARD ST.
TALLAHASSEE, FL 32302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE


3/11/02

850-224-9745

CR2E037B (12/01)