

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

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90003 018 \*\*\*\*61.25

**DOCUMENT # N00000007932**

1. Entity Name

**FRENCHTOWN COMMUNITY DEVELOPMENT CORPORATION**



Principal Place of Business

**710 DEWEY STREET  
TALLAHASSEE FL 32303**

Mailing Address

**P.O. BOX 10388  
TALLAHASSEE FL 32302**

2. Principal Place of Business

**421 West Georgia**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

Zip

**32301**

Country

**USA**

Zip

Country

4. FEI Number

**59-3686332**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, REGINA M  
710 DEWEY ST  
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name **Regina Davis**

Street Address (P.O. Box Number is Not Acceptable)

**421 West Georgia Street**

City

**Tallahassee**

**FL**

Zip Code

**32301**

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.

**Regina M. Davis**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/5/04**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TSD MAJEED, NA'IM 907 DENT STREET TALLAHASSEE FL 32302</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD AKBAR, NA'IM 324 NORTH COPELAND STREET TALLAHASSEE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD TELFAR, EUGENE 846 W. BREVARD STREET TALLAHASSEE FL 32302</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M HARRIS, ANNIE 438 WEST GEORGIA STREET TALLAHASSEE FL 32302</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M CRAWFORD-HENDERSON, GLORIA 4052 KILMARTIN DRIVE TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Na'im Akbar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/04 852249745**

Date

Daytime Phone #