

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0005968

DOCUMENT # N00000007932

1. Entity Name  
**FRENCHTOWN COMMUNITY DEVELOPMENT CORPORATION**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 28 AM 10:24

Principal Place of Business  
**710 DEWEY STREET  
TALLAHASSEE FL 32303**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3686332**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES **03**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating).

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TSD** ☐ Delete  
NAME **MAJEED, NA'IM**  
STREET ADDRESS **907 DENT STREET**  
CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE **PD** ☐ Delete  
NAME **AKBAR, NA'IM**  
STREET ADDRESS **324 NORTH COPELAND STREET**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VPD** ☐ Delete  
NAME **TELFAIR, EUGENE**  
STREET ADDRESS **846 W. BREVARD STREET**  
CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE **ANNE HARRIS** ☐ Delete  
NAME **ANNE HARRIS**  
STREET ADDRESS **438 W. Georgia Street**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Annie HARRIS, Member** ☐ Change ☒ Addition  
NAME **438 West Georgia Street**  
STREET ADDRESS **Tallahassee, FL 32302**  
CITY-ST-ZIP

TITLE **Member** ☐ Change ☒ Addition  
NAME **Gloria Crawford-Henderson**  
STREET ADDRESS **4052 Kilmartin Drive**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **400012309664** ☐ Change ☐ Addition  
NAME **02/11/03--01020--027 \*\*70.00**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **REQUIRE SIGNATURE REQUIRED**

CR2E037 (10/02)