

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008146

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** SOUTH FLORIDA COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

9830 S. W. 222 STREET  
SUITE 182  
MIAMI, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

20547 OLD CUTLER ROAD  
SUITE 182  
MIAMI, FL 33190

**New Mailing Address:**

**FEI Number:** 65-1063278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ISAAC, DENISE P  
9830 S.W. 222 STREET  
MIAMI, FL 33190 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: ISAAC, DENISE  
Address: 9830 S.W. 222 STREET  
City-St-Zip: MIAMI, FL 33190

Title: DV ( ) Delete  
Name: SANCHEZ, VERONICA  
Address: 19803 N.W. 34TH AVENUE  
City-St-Zip: MIAMI, FL 33056

Title: DS ( ) Delete  
Name: DANZY, CLOVETTE  
Address: 12680 SW 191 STREET  
City-St-Zip: MIAMI, FL 33190

Title: DT ( ) Delete  
Name: THOMAS, LATRESA  
Address: 9830 SW 222 STREET  
City-St-Zip: MIAMI, FL 33190

Title: DS ( ) Delete  
Name: STRACHAN, LINDA G  
Address: 15553 SW 107TH PLACE  
City-St-Zip: MIAMI, FL 33156

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: DT (X) Change ( ) Addition  
Name: ISAAC, APRIL T  
Address: 9830 SW 222 STREET  
City-St-Zip: MIAMI, FL 33190

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DF ( ) Change (X) Addition  
Name: BROWN, LUCINDA M  
Address: 9830 S. W. 222 STREET  
City-St-Zip: MIAMI, FL 33190

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: DENISE P. ISAAC

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date