

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90082 019 \*\*\*\*70.00

DOCUMENT # N01000005991

1. Entity Name

**WILLIE R. SINGLETON COMMUNITY DEVELOPMENT  
MINISTRIES, INC.**



Principal Place of Business

1015 NW 4TH ST.  
BOYNTON BCH FL 33435

Mailing Address

1572 W. 36TH ST.  
RIVIERA BCH FL 33404

2. Principal Place of Business

1015 N.W. 4TH ST.

Suite, Apt. #, etc.

3. Mailing Address

1572 W. 36TH ST.

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Riviera Beach, FL

Zip  
33435

Country  
Palm Beach

City & State

Riviera Beach, FL

Zip  
33404

Country  
Palm Beach

4. FEI Number

50-0003908

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHANNON, TIMOTHY L  
1009 GREEN PINE BLVD.,A3  
W. PALM BCH FL 33409

7. Name and Address of New Registered Agent

Name: Willie R. Singleton

Street Address (P.O. Box Number is Not Acceptable)  
1572 W. 36TH STREET

City: Riviera Beach

FL

Zip Code  
33404

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

Willie R. Singleton

Willie R. Singleton

02/17/05

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**  
**Due By May 1, 2005**

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	PD	<input type="checkbox"/> Delete
NAME	SINGLETON, WILLIE R	
STREET ADDRESS	1527 W. 36TH FLOOR	
CITY-ST-ZIP	RIVIERA BCH FL 33404	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SINGLETON, ELLA MAE	
STREET ADDRESS	1527 W. 36TH FLOOR	
CITY-ST-ZIP	RIVIERA BCH FL 33404	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SINGLETON-SPENCE, SHAREN	
STREET ADDRESS	104 CHAMPION RUN	
CITY-ST-ZIP	W. PALM BCH FL 33407	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Willie R. Singleton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/05 (561)373-2357

Date

Daytime Phone #