

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007363

FILED
May 05, 2004
Secretary of State**Entity Name:** BROWNSVILLE COMMUNITY DEVELOPMENT CORPORATION**Current Principal Place of Business:**2799 NW 46TH STREET
MIAMI, FL 33142**New Principal Place of Business:****Current Mailing Address:**2799 NW 46TH STREET
MIAMI, FL 33142**New Mailing Address:****FEI Number:** 26-0010920**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLACK, ROBERT J
901 PONCE DE LEON
PENTHOUSE STE
CORAL GABLES, FL 33134 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:** CHMD () Delete
Name: LOVETT, LARRIE M
Address: 2799 NW 46TH STREET
City-St-Zip: MIAMI, FL 33142**Title:** VCHM () Delete
Name: FARRINGTON, MILDRED
Address: 4530 NW 27 AVE.
City-St-Zip: MIAMI, FL 33142**Title:** DS () Delete
Name: HUNTER, THADDEUS
Address: 524 NW 52ND STREET
City-St-Zip: MIAMI, FL 33142**Title:** DT () Delete
Name: MCPHEE, ANN
Address: 2744 NW 46TH STREET
City-St-Zip: MIAMI, FL 33142**Title:** D () Delete
Name: SMITH, DERRICK
Address: 3045 NW 49TH STREET
City-St-Zip: MIAMI, FL 33142**Title:** D () Delete
Name: WILLIAMS, DOCIE
Address: 4651 NW 32ND AVE
City-St-Zip: MIAI, FL 33142**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRIE M. LOVETT

CHMD

05/05/2004

Electronic Signature of Signing Officer or Director_____
Date