

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007363

FILED
Apr 30, 2009
Secretary of State

Entity Name: BROWNSVILLE COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

4520 NW 27 AVE
SUITE # 3
MIAMI, FL 33142

New Principal Place of Business:

2613 NW 54TH STREET
MIAMI, FL 33142

Current Mailing Address:

4520 NW 27 AVE
SUITE # 3
MIAMI, FL 33142

New Mailing Address:

2613 NW 54TH STREET
MIAMI, FL 33142

FEI Number: 26-0010920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: PRES () Delete
Name: LOVETT, II., LARRIE M
Address: 4520 NW 27TH AVENUE, SUITE 3
City-St-Zip: MIAMI, FL 33142

Title: CHMD () Delete
Name: LENO, JAMES
Address: 6810 NW 28TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: DS () Delete
Name: HUNTER, THADDEUS
Address: 524 NW 52ND STREET
City-St-Zip: MIAMI, FL 33142

Title: DT (X) Delete
Name: LENO, CALVIN
Address: 1681 NW 195 STREET
City-St-Zip: MIAMI, FL 33169

Title: D (X) Delete
Name: MAXWELL, MARCHILL
Address: 5311 NW 27TH PLACE
City-St-Zip: MIAMI, FL 33142

Title: D (X) Delete
Name: WILLIAMS, DOCIE
Address: 4651 NW 32ND AVE
City-St-Zip: MIAI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHMD (X) Change () Addition
Name: LOVETT, II., LARRIE M
Address: 4520 NW 27TH AVENUE, SUITE 3
City-St-Zip: MIAMI, FL 33142

Title: D (X) Change () Addition
Name: MAXWELL, MARCHILL
Address: 5311 NW 27TH PLACE
City-St-Zip: MIAMI, FL 33147

Title: DS (X) Change () Addition
Name: WILLIAMS, DOCIE
Address: 4651 NW 32ND AVENUE
City-St-Zip: MIAMI, FL 33142

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

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

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

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: LARRIE M LOVETT II

CHMD

04/30/2009

Electronic Signature of Signing Officer or Director

Date