2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004543

1. Entity Name
NEW URBAN COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business	Mailing Address
1700 NORTH AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407	1700 NORTH AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

07202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
02-0620273

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, TERESA M
1700 NORTH AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000170052
08/13/04-80002-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANKLIN, PATRICK
STREET ADDRESS	1700 N AUSTRALIAN AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	TD
NAME	RIDGEWAY, EMANUEL
STREET ADDRESS	1700 N AUSTRALIAN AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	SD
NAME	JOHNSON, TERESA
STREET ADDRESS	1700 N AUSTRALIAN AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ______________________ 8/9/04 (561) 833-5736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #