## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004644

FILED Feb 28, 2007 Secretary of State

Entity Name: ST. PAUL COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business: New Principal Place of Business:** 3680 THOMAS AVENUE MIAMI, FL 33133 **Current Mailing Address: New Mailing Address:** 3680 THOMAS AVENUE MIAMI, FL 33133 FEI Number: 27-0020882 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, JUANITA 3510 FROW AVENUE MIAMI, FL 33133 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete HARVIN, JESSIE JR WILLIAMS, BARBARA Name: Name: 3680 THOMAS AVENUE Address: 3925 WASHINGTON AVE Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133 Title: VD Title: (X) Change ( ) Addition ( ) Delete WILLIAMS, BARBARA Name: WRIGHT, KATRINA Name: Address: 3925 WASHINGTON AVENUE Address: 12976 S.W. 214 TERRACE City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33196 Title: () Delete Title: (X) Change ( ) Addition JACKSON, BARBARA DR HARVIN, JESSIE JR Name: Name: 14553 SW 153 CT Address: Address: 3680 THOMAS AVENUE City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133 Title: ASD ( ) Delete Title: () Change () Addition Name: JORDAN, BARBARA Name: 6241 SW 58 STREET Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: () Change () Addition JENNINGS, MILES Name: Name: 3471 OAK AVE Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, JUANITA Name: Name: Address: 3510 FROW AVENUE Address: MIAMI, FL 33133 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUANITA SMITH D 02/28/2007