

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90462 044 ****70.00

DOCUMENT # N02000005977					
1. Entity Name THE PEOPLE'S COMMUNITY OUTREACH AND DEVELOPMENT CENTER FOUNDATION, INC.					
Principal Place of Business 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157			Mailing Address 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1040212				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, ROY A 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State: FL Zip Code:		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	WILLIAMSON-HILL, ANNETTE				
STREET ADDRESS	10061 SOUTHWEST 158TH TERRACE				
CITY-ST-ZIP	MIAMI, FL 33157				
TITLE	VD	<input checked="" type="checkbox"/> Delete			
NAME	ROSS, GLENN T				
STREET ADDRESS	10061 SOUTHWEST 158TH TERRACE				
CITY-ST-ZIP	MIAMI, FL 33157				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	CAMPBELL, ROY A				
STREET ADDRESS	10061 SOUTHWEST 158TH TERRACE				
CITY-ST-ZIP	MIAMI, FL 33157				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	CAMPBELL, PETHRONA L				
STREET ADDRESS	10061 SOUTHWEST 158TH TERRACE				
CITY-ST-ZIP	MIAMI, FL 33157				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	LINTON, DAWN				
STREET ADDRESS	10061 SOUTHWEST 158TH TERRACE				
CITY-ST-ZIP	MIAMI, FL 33157				
TITLE	D	<input type="checkbox"/> Delete			
NAME	LESLIE, CLAYBURN				
STREET ADDRESS	10061 SOUTHWEST 158TH TERRACE				
CITY-ST-ZIP	MIAMI, FL 33157				
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SD Angela Simon				
STREET ADDRESS	16551 SW 103 place				
CITY-ST-ZIP	miami, Florida 33157				
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: <u>Pethrona Campbell</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>4-25-05</u> Daytime Phone #:					