


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005977	
1. Entry Name THE PEOPLE'S COMMUNITY OUTREACH AND DEVELOPMENT CENTER FOUNDATION, INC.	

Principal Place of Business CAMPBELL, ROY A 1160 NE 37 AVE HOMESTEAD FLORIDA 33033	Mailing Address CAMPBELL, ROY A 1160 NE 37 AVE HOMESTEAD FLORIDA 33033
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DO NOT WRITE IN THIS SPACE

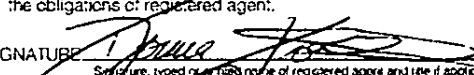


06032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1040212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAMPBELL, ROY A 1160 NE 37 AVE HOMESTEAD FLORIDA 33033

DO NOT WRITE
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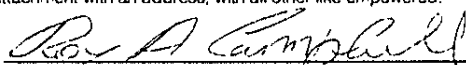
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and use if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reappointing)</small>

Filing Fee is \$61.25 Due by September 6, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMSON-HILL, ANNETTE 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMON, ANGELA 16551 SW 1030 PLACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, ROY A 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, PETHRONA L 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINTON, DAWN 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE, CLAYBURN 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157

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06/04/08-80059-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 5/18/08 305-588-1445 <small>Daytime Phone #</small>