


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90027 049 \*\*\*\*65.25

DOCUMENT # N02000008562 1. Entity Name JAMES THOMPSON COMMUNITY DEVELOPMENT, INC.	
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Principal Place of Business 1806 N. 8TH AVE. PENSACOLA, FL 32503	Mailing Address 1806 N. 8TH AVE. PENSACOLA, FL 32503
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**DO NOT WRITE IN THIS SPACE**



04302006 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0768451	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

WILLIAMS, PRISCILLIA  
1806 N. 8TH AVE.  
PENSACOLA, FL 32503

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	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 SAMUELS, MARTHA P 1806 N. 8TH AVE. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTER, JONETTE 15561 STRATFORD SOUTHFIELD, MI 48075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NETTLES, DENA 106 HOLLY ST. MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMUELS, FRANK 1806 N. 8TH AVE. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PRISCILLA 1806 N. 8TH AVE. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Martha P Samuels 04/30/06 850-434-5365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #