

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008588

FILED
Aug 19, 2004
Secretary of State**Entity Name:** FAMILY ECONOMIC COMMUNITY DEVELOPMENT FOUNDATION, INC.**Current Principal Place of Business:**1216 NW 53RD STREET
MIAMI, FL 33142**New Principal Place of Business:****Current Mailing Address:**1216 NW 53RD STREET
MIAMI, FL 33142**New Mailing Address:****FEI Number:** 22-5894012**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THOMPkins, WILLIE
780 NE 199TH STREET
MIAMI, FL 33179 US**Name and Address of New Registered Agent:**WRIGHT, HUBERT
2995 NW 49TH STREET
MIAMI, FL 33142 US

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: HUBERT WRIGHT, JR.

08/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WRIGHT, MARY
Address: 1216 NW 53RD STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: THOMPkins, WILLIE
Address: 780 NE 199TH STREET #E102
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: SMITH, ROLAND JR
Address: 1046 NW 46TH STREET
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: SMITH, JULIA
Address: 1046 NW 46TH STREET
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: WRIGHT, JAMIE
Address: 2995 NW 49TH STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY E. WRIGHT

PRES

08/19/2004

Electronic Signature of Signing Officer or Director

Date