2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2007
Secretary of State

DOCUMENT# N02000008588

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, HUBERT
2995 NW 49TH STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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:

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

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

Title: TD ( ) Delete
Name: WRIGHT, HUBERT
Address: 2995 NW 49TH ST.
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: SCOTT, CALVIN
Address: 17455 NW 18TH AVE.
City-St-Zip: MIAMI, FL 33054

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:

I hereby certify that the information supplied with this filing does not qualify 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: MARY E. WRIGHT PRES 06/30/2007
Electronic Signature of Signing Officer or Director — Date