2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009675

FILED Mar 22, 2009 Secretary of State

Entity Name: MY CHOICE COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 910 ILEX DR. LAKE PARK, FL 33403 US **Current Mailing Address: New Mailing Address:** 5241 WEST LAKES DRIVE DEERFIELD BEACH, FL 33442 US FEI Number: 65-1148862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KENDRICK, ALTERMEASE H 5241 WEST LAKES DR. DEERFIELD BEACH, FL 33442 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GANNS, JOAN WILLIAMS, CAROLYN Name: Name: 2831 AVENUE S Address: P. O. BOX 9786 Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: RIVIERA BEACH, FL 33419 Title: Title: (X) Change () Addition () Delete WARD, PAULA Name: BROOKS, SHENEITHA L Name: Address: 2831 AVENUE S Address: P. O. BOX 9786 City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: RIVIERA BEACH, FL 33419 Title: () Delete Title: () Change () Addition KENDRICK, ALTERMEASE H Name: Name: Address: 5241 WEST LAKES DR. Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEVIN, STANLEY Name: 2831 AVENUE S Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, ANITA Name: Name: 2831 AVENUE S Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 US City-St-Zip: Title: () Delete Title: (X) Change () Addition HUNTER, ALEXIS ADAMS, GERALD Name: Name: Address: 2831 AVENUE S Address: P. O. BOX 9786 RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33419 City-St-Zip: 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: ALTERMEASE KENDRICK D 03/22/2009