2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 10, 2006 08:00 AN Secretary of State DOCUMENT # N02000009933 1. Entity Name PELICAN MINORITY COMMUNITY DEVELOPMENT CORPORATION Principal Place of Business Mailing Address P O BOX 901872 4501 SW 297 ST HOMESTEAD FL 33032 HOMESTEAD FL 33090 2. Principal Place of Business 3. Mailing Address Surte, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) 4. FEI Number Applied For City & State City & State 82-0587014 Not Applicat \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired ee Beguired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOIS, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 14501 SW 287 ST. HOMESTEAD FL 33032 City Zip Code 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 access the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whos reinstating) FILE NOW: FEE 19.\$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE PD Delete DIRE ☐ Change ☐ Additi-U00000429237 LOUIS, JOSEPH G NAME NAME 02/21/06-80080-018 61.25 14501 SW 287 ST. STREET ADDRESS STREET ADDRESS HOMESTEAD FL 33032 CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE Change ☐ Addie IIIIF LUBIN, MARK NAME 14501 SW 287 ST. STREET ADDRESS STREET ADDRESS HOMESTEAD FL 33032 CITY - ST- ZIP CITY-ST-ZIP ☐ Chenge T A SEC STD Delete . ŢIT: F MICHELE, KERNA NAME STREET ADDRESS 14501 SW 287 ST. STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HOMESTEAD FL 33032 ☐ Delete THEE ☐ Change Andiii TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change □ Alt" TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Additional TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct 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 1 if changed, or on an attachment with an address with all other like empowered.