

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009933

FILED  
Jun 24, 2009  
Secretary of State

**Entity Name:** PELICAN MINORITY COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

916 N. FLAGLER  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 901872  
HOMESTEAD, FL 33090

**New Mailing Address:**

**FEI Number:** 82-0587014      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

LOIS, JOSEPH G  
343 NW 3RD ST  
HOMESTEAD, FL 33034      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: MONSLELEY, PRESSA  
Address: 14501 SW 287 ST.  
City-St-Zip: HOMESTEAD, FL 33032

Title: VD      ( ) Delete  
Name: LUBIN, MARK  
Address: 14501 SW 287 ST.  
City-St-Zip: HOMESTEAD, FL 33032

Title: STD      ( ) Delete  
Name: KERNA, MICHEL M  
Address: 14501 SW 287 ST.  
City-St-Zip: HOMESTEAD, FL 33032

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: MONDELUS, PRESSA  
Address: PO BOX 901506  
City-St-Zip: HOMESTEAD, FL 33090

Title: VD      (X) Change ( ) Addition  
Name: LUBIN, MARK  
Address: PO BOX 901506  
City-St-Zip: HOMESTEAD, FL 33090

Title: STD      (X) Change ( ) Addition  
Name: KERNA, MICHEL M  
Address: PO BOX 901506  
City-St-Zip: HOMESTEAD, FL 33090

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: MARC LUBIN

VD

06/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date