

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000245

FILED
Apr 13, 2005
Secretary of State

Entity Name: FIRST STOP COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

927 W. MAIN STREET
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

927 W. MAIN STREET
AVON PARK, FL 33825 US

New Mailing Address:

P.O. BOX 2032
SEBRING, FL 33870 US

FEI Number: 01-0761385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, LORETTA D
927 W. MAIN STREET
AVON PARK, FL 33825 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: D () Delete
Name: SPENCER, ROBERT
Address: 878 S. JEAN AVENUE
City-St-Zip: AVON PARK, FL 33825 US

Title: D () Delete
Name: SAYLES, WILLIAM
Address: 740 MUSTANG AVENUE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: D () Delete
Name: COLEY, WALTER
Address: 2416 W. HAMPTON ROAD
City-St-Zip: AVON PARK, FL 33825 US

Title: D () Delete
Name: BOATWRIGHT, ALFONZO
Address: 1216 CAROLINA AVENUE
City-St-Zip: AVON PARK, FL 33825 US

Title: D () Delete
Name: MURPHY, HERBERT
Address: 4521 LEUCADENDRA DRIVE
City-St-Zip: SEBRING, FL 33871 US

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: LOUIS BATES

P

04/13/2005

Electronic Signature of Signing Officer or Director

Date