2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000534

FILED May 25, 2006 Secretary of State

Entity Name: FXCFL COMMUNITY DEVELOPMENT CORP

Current F	Principal Place of Business:	New Principal Place of Business:
	ST LARUA STREET OLA, FL 32501	
Current N	Mailing Address:	New Mailing Address:
	HPOINTE PL OLA, FL 32505	
n accordar	r: 14-1905969 FEI Number Applied For (nce with s. 607.193(2)(b), F.S., the corporation d Address of Current Registered Age	did not receive the prior notice.
1508 WES	AW, JOHN BISHOP ST LARUA STREET OLA, FL 32501 US	
	e named entity submits this statement fo te of Florida.	r the purpose of changing its registered office or registered agent, or both,
SIGNATU	IRE:	
SIGNATU	RE:Electronic Signature of Registere	ed Agent Date
SIGNATU Officer		
OFFICER Fitle: Name: Address:	Electronic Signature of Registers S AND DIRECTORS: VP () Delete CRENSHAW, JOHN BISHOP 3001 HIGH POINTE PL	
DFFICER itle: lame: lddress: City-St-Zip: itle: lame: lddress:	Electronic Signature of Registers S AND DIRECTORS: VP () Delete CRENSHAW, JOHN BISHOP 3001 HIGH POINTE PL	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address:
DFFICER Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Name: Address:	Electronic Signature of Registers S AND DIRECTORS: VP () Delete CRENSHAW, JOHN BISHOP 3001 HIGH POINTE PL PENSACOLA, FL 32505 P () Delete CRENSHAW, JANICE DR. 3001 HIGH POINTE PL PENSACOLA, FL 32505 BM (X) Delete NICHOLSON, HAZEL 11800 B MOBILE HWY	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
	Electronic Signature of Registers S AND DIRECTORS: VP () Delete CRENSHAW, JOHN BISHOP 3001 HIGH POINTE PL PENSACOLA, FL 32505 P () Delete CRENSHAW, JANICE DR. 3001 HIGH POINTE PL PENSACOLA, FL 32505 BM (X) Delete NICHOLSON, HAZEL 11800 B MOBILE HWY	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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. JANICE CRENSHAW P 05/25/2006