

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001245

FILED
Apr 16, 2004
Secretary of State**Entity Name:** HOUSE OF ISRAEL COMMUNITY DEVELOPMENT CORPORATION**Current Principal Place of Business:**409 SOUTH SEMINOLE AVE.
FT. MEADE, FL 33841**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 881
FT. MEADE, FL 33841**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NELSON, MAURICE
107 SE 7TH ST.
FT. MEADE, FL 33841 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: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D/P () Change (X) Addition
Name: BONNEY, BRENDA
Address: 409 SE PINE AVENUE
City-St-Zip: FT. MEADE, FL 33841Title: D/VP () Change (X) Addition
Name: NELSON, JOSEPH
Address: 709 S. PINE AVENUE
City-St-Zip: FT. MEADE, FL 33841Title: D/S () Change (X) Addition
Name: NELSON, MAURICE
Address: P.O. BOX 881
City-St-Zip: FT. MEADE, FL 33841Title: D/T () Change (X) Addition
Name: COOTE, ROSALIND
Address: 18 SE 6TH STREET
City-St-Zip: FT. MEADE, FL 33841Title: D () Change (X) Addition
Name: CORNELIUS, CLINTON P
Address: P.O. BOX 736
City-St-Zip: FT. MEADE, FL 33841Title: D () Change (X) Addition
Name: THOMAS, CAROLYN
Address: 810 SOUTH SEMINOLE AVENUE
City-St-Zip: FT. MEADE, FL 33841

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: MAURICE NELSON

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04/16/2004

Electronic Signature of Signing Officer or Director

Date