

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001245

FILED
Feb 28, 2006
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:

116 WEST BROADWAY AVENUE
FT. MEADE, FL 33841

Current Mailing Address:

P.O. BOX 881
FT. MEADE, FL 33841

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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: D/P () Delete
Name: BONNEY, BRENDA
Address: 409 SE PINE AVENUE
City-St-Zip: FT. MEADE, FL 33841

Title: D () Delete
Name: NELSON, MAURICE
Address: P.O. BOX 881
City-St-Zip: FT. MEADE, FL 33841

Title: D/T () Delete
Name: COOTE, ROSALIND
Address: 18 SE 6TH STREET
City-St-Zip: FT. MEADE, FL 33841

Title: DVP () Delete
Name: CORNELIUS, CLINTON P
Address: P.O. BOX 736
City-St-Zip: FT. MEADE, FL 33841

Title: DT () Delete
Name: THOMAS, CAROLYN
Address: 810 SOUTH SEMINOLE AVENUE
City-St-Zip: FT. MEADE, FL 33841

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 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: MAURICE NELSON

DIR

02/28/2006

Electronic Signature of Signing Officer or Director

Date