


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90292 022 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000003872					
1. Entity Name FIRST TIMOTHY COMMUNITY DEVELOPMENT CORPORATION, INC.					
Principal Place of Business 12103 BISCAYNE BOULEVARD JACKSONVILLE, FL 32218			Mailing Address 12103 BISCAYNE BOULEVARD JACKSONVILLE, FL 32218		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0696070	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURLEY, CHARLES R JR. 1301 RIVERPLACE BOULEVARD SUITE 1500 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBILL, FREDERICK D			NAME	
STREET ADDRESS	12103 BISCAYNE BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CLAUDE B			NAME	
STREET ADDRESS	12103 BISCAYNE BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEELEY, IRVIN			NAME	
STREET ADDRESS	12103 BISCAYNE BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP	
TITLE	O	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, WILLIAM C			NAME	
STREET ADDRESS	12103 BISCAYNE BLVD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	Gwendolyn Osborne
STREET ADDRESS				STREET ADDRESS	12103 Biscayne Blvd.
CITY-ST-ZIP				CITY-ST-ZIP	Jacksonville, FL 32218
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gwendolyn Osborne</u> Gwendolyn Osborne 4/28/05 (904) 757-9878					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					