


**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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

14011429



04272005 Chg-NP CR2E037 (10/03)

Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL Zip Code

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWBILL, FREDERICK D	
STREET ADDRESS	12103 BISCAYNE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CLAUDE B	
STREET ADDRESS	12103 BISCAYNE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEELEY, IRVIN	
STREET ADDRESS	12103 BISCAYNE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, WILLIAM C	
STREET ADDRESS	12103 BISCAYNE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gwendolyn Osborne	
STREET ADDRESS	12103 Biscayne Blvd.	
CITY-ST-ZIP	Jacksonville, Fl 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: Gwendolyn Osborne Gwendolyn Osborne 4/28/05 (904) 757-9878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #