

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90352 006 ****61.25

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

Zip

Country

Zip

Country

04132006 Chg-NP CR2E037 (11/05)

4. FEI Number
 02-0090070

61-142152

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURLEY, CHARLES R JR.
 1301 RIVERPLACE BOULEVARD
 SUITE 1500
 JACKSONVILLE, FL 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **NEWBILL, FREDERICK D**
 STREET ADDRESS **12103 BISCAYNE BOULEVARD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SMITH, CLAUDE B**
 STREET ADDRESS **12103 BISCAYNE BOULEVARD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NEELEY, IRVIN**
 STREET ADDRESS **12103 BISCAYNE BOULEVARD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** Delete
 NAME **OSBORNE, GWENDOLYN**
 STREET ADDRESS **12103 BISCAYNE BLVD.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

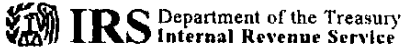
TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gwendolyn Osborne Gwendolyn Osborne 4/13/06 (904) 759-9878
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

PHILADELPHIA PA 19255-0038

In reply refer to: 0537860892

Mar. 08, 2006 LTR 147C 0

61-1412152 000000 00 000

02121

BODC: SB

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103 00000 3872

FIRST TIMOTHY COMMUNITY DEVELOPMENT
% WILLIAM GRIFFIN
12103 BISCAYNE BLVD
JACKSONVILLE FL 32218-7691038



05504

Employer Identification Number: 61-1412152

Dear Taxpayer:

Thank you for the inquiry of Mar. 01, 2006.

Your Employer Identification Number (EIN) is 61-1412152. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____