

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

61-142152
02-0090070

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) 757-9878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



IRS Department of the Treasury
Internal Revenue Service

ATTACHMENT

PHILADELPHIA PA 19255-0038

In reply refer to: 0537860892

Mar. 08, 2006 LTR 147C 0

61-1412152 000000 00 000

02121

BODC: SB

40049971
#103 00000 3872

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

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 _____