

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 A
Secretary of State

DOCUMENT # N03000005488

1. Entity Name
**BETTER HOMES AND FAMILIES COMMUNITY
DEVELOPMENT CORPORATION**



Principal Place of Business
**10401 NORTHWEST 8TH AVENUE
MIAMI, FL 33150**

Mailing Address
**10401 NORTHWEST 8TH AVENUE
MIAMI, FL 33150**



02052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0317791

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, OTTOLITA ESQ.
6625 MIAMI LAKES DRIVE
SUITE 417
MIAMI LAKES, FL 33014**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WARD, LESTER L SR
STREET ADDRESS 13421 SW 26TH STREET
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE SD
NAME PRESSLEY, RALPH SR
STREET ADDRESS 1367 N.W. 95 TERRACE
CITY-ST-ZIP MIAMI, FL 33147

TITLE TD
NAME DUFFIE, EDWARD JR
STREET ADDRESS 585 N.W. 135TH STREET
CITY-ST-ZIP MIAMI, FL 33167

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000630417
02/20/07-80006-015 70.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-2007 305-691-3200

Date

Daytime Phone #