


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90028 041 ****70.00

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		
2. Principal Place of Business - No P.O. Box # 10401 N.W. 8TH AVE Suite, Apt. #, etc.		3. Mailing Address 10401 N.W. 8TH AVE Suite, Apt. #, etc.			
City & State MIAMI FLORIDA Zip 33150		City & State MIAMI FLORIDA Zip 33150		4. FEI Number 30-0317791	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name MINNIE SANDERS Street Address (P.O. Box Number is Not Acceptable) 10401 N.W. 8TH AVE City MIAMI FL Zip Code 33150		
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 Minnie Sanders DATE 3/11/08 <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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, LESTER L SR 13421 SW 26TH STREET MIRAMAR, FL 33027	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESSLEY, RALPH SR 1367 N.W. 95 TERRACE MIAMI, FL 33147	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUFFIE, EDWARD JR 585 N.W. 135TH STREET MIAMI, FL 33167	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ralph Pressley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-12-08 Daytime Phone #	