2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005
Secretary of State

DOCUMENT# N03000006844

Entity Name: WHAT NOW? COMMUNITY DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

1501 NW 47 AVE, STE A
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

P O BOX 26017
TAMARAC, FL 33320

New Mailing Address:

1501 NW 47 AVE STE A
LAUDERHILL, FL 33313

FEI Number: 61-1455061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANN, JUDITH
4361 NW 25 PL.
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ANN, JUDITH
Address: 4361 NW 25 PL
City-St-Zip: LAUDERHILL, FL 33313

Title: S ( ) Delete
Name: SCHWERIN, SABRINA
Address: 3162 LAMIRAGE DR.
City-St-Zip: LAUDERHILL, FL 33319

Title: VCH ( ) Delete
Name: THREETS, AMENA M
Address: 9148 NW 45 ST
City-St-Zip: SUNRISE, FL 33351

Title: T ( ) Delete
Name: CASE, AUDREY
Address: 4879 NW 75 AVE
City-St-Zip: LAUDERHILL, FL 33319

Title: D (X) Delete
Name: PARRISH, DE LESA EDWARD
Address: 356 TOWN AVE.
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: STROWBRIDGE, LAWANNA V
Address: 289 SW 2TH CT
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP (X) Change ( ) Addition
Name: THREETS, AMENA M
Address: 9148 NW 45 ST
City-St-Zip: SUNRISE, FL 33351

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH ANN P 03/05/2005

Electronic Signature of Signing Officer or Director — Date