


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90068 027 \*\*\*\*70.00

<b>DOCUMENT # N03000007328</b> 1. Entity Name <b>MONROE COUNTY COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, INC.</b>					
Principal Place of Business <b>4700 WASHINGTON ST HOLLYWOOD, FL 33021</b>			Mailing Address <b>4700 WASHINGTON ST HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business <b>3131 Palm Trace Landing Dr. Suite, Apt. #, etc. BLDG #26 APT# 120E</b>			3. Mailing Address <b>SAME</b>		
City & State <b>Danie, FL</b>			City & State 		
Zip <b>33314</b>		Country <b>USA</b>		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04262004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent <b>LAZARE, SYLIA 4700 WASHINGTON ST HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent Name <b>Silvia Nespoli</b> Street Address (P.O. Box Numbers Not Acceptable) <b>3131 Palm Trace Landing Drive</b> City <b>Danie</b> <b>FL</b> Zip Code <b>33314</b>	
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: <u><i>Silvia Nespoli, President</i></u> <b>8/5/04</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAZARE, SYLIA 4700 WASHINGTON ST HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Silvia Nespoli 3131 Palm Trace Landing Drive B26 W 1201 Danie, FL 33314	<input checked="" 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
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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 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 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: <u><i>Silvia Nespoli, President</i></u> <b>8/5/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**54068124**

