

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008245

FILED
Jun 14, 2004
Secretary of State

Entity Name: FLORIDA COMMUNITY DEVELOPMENT NETWORK, INC.

Current Principal Place of Business:

20510 SW 122ND COURT
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

20510 SW 122ND COURT
MIAMI, FL 33177

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, WILLIAM E SR.
20510 SW 122ND COURT
MIAMI, FL 33177

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: PD () Delete
Name: WILLIAMS, ERNEST
Address: 20510 SW 122ND COURT
City-St-Zip: MIAMI, FL 33177

Title: VD () Delete
Name: SANCHEZ, JOSE M III
Address: 20642 SW 119TH PLACE
City-St-Zip: MIAMI, FL 33177

Title: STD () Delete
Name: COLEMAN, WILLIAM E SR.
Address: 20510 SW 122ND COURT
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: FORBES, TREVOR
Address: 761 N.W. 196TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: MAYS, ROBERT A JR.
Address: 3205 AAWN COURT
City-St-Zip: UPPER MARBOROUGH, MD 20772

Title: D () Delete
Name: TRANTHEM, JAMES
Address: 11700 S.W. 216TH STREET
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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: WILLIAM E. COLEMAN SR.

STD

06/14/2004

Electronic Signature of Signing Officer or Director

Date