

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90095 026 ****70.00

DOCUMENT # N03000008245 1. Entity Name FLORIDA COMMUNITY DEVELOPMENT NETWORK, INC.					
Principal Place of Business 20510 SW 122ND COURT MIAMI, FL 33177				Mailing Address 20510 SW 122ND COURT MIAMI, FL 33177	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 20-036957	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLEMAN, WILLIAM E SR. 20510 SW 122ND COURT MIAMI, FL 33177			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ERNEST		NAME	TD	
STREET ADDRESS	20510 SW 122ND COURT		STREET ADDRESS	WILLIAMS, ERNEST	
CITY-STATE-ZIP	MIAMI, FL 33177		CITY-STATE-ZIP	16900 SW 142ND COURT	
TITLE	VO		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, JOSE M III		NAME	SD	
STREET ADDRESS	20842 SW 119TH PLACE		STREET ADDRESS	SANCHEZ, JOSE M. III	
CITY-STATE-ZIP	MIAMI, FL 33177		CITY-STATE-ZIP	20642 SW 119TH PL	
TITLE	STD		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLEMAN, WILLIAM E SR.		NAME	CP	
STREET ADDRESS	20510 SW 122ND COURT		STREET ADDRESS	EVANS-COLEMAN, ROSE L.	
CITY-STATE-ZIP	MIAMI, FL 33177		CITY-STATE-ZIP	20510 SW 122ND COURT	
TITLE	D		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORBES, TREVOR		NAME	VD	
STREET ADDRESS	781 N.W. 196TH TERRACE		STREET ADDRESS	COLEMAN, WILLIAM E. SR.	
CITY-STATE-ZIP	MIAMI, FL 33169		CITY-STATE-ZIP	20510 SW 122ND COURT	
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYS, ROBERT A JR.		NAME		
STREET ADDRESS	3205 AWW COURT		STREET ADDRESS		
CITY-STATE-ZIP	UPPER MARBOROUGH, MD 20772		CITY-STATE-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRANTEM, JAMES		NAME		
STREET ADDRESS	11700 S.W. 216TH STREET		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33170		CITY-STATE-ZIP		
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>William E. Coleman Sr.</u> WILLIAM E. COLEMAN SR. 4/5/05 305 378-9725					