

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008638

FILED
Apr 30, 2004
Secretary of State

Entity Name: MDJ COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

1882 CAPITAL CIRCLE NE STE 105
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1882 CAPITAL CIRCLE NE STE 105
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-0297271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARNES & JAMES, P.A.
2629 BLAIR STONE RD
TALLAHASSEE, FL 32301 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: DP () Delete
Name: BRYANT, ELAINE W
Address: 1882 CAPITAL CIRCLE NE STE 105
City-St-Zip: TALLAHASSEE, FL 32308

Title: DV () Delete
Name: BRYANT-WILLIS, ARNELL
Address: 1882 CAPITAL CIRCLE NE STE 105
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT () Delete
Name: FORD, LONA
Address: 1882 CAPITAL CIRCLE NE STE 105
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS () Delete
Name: JAMES, C. SHA'RON
Address: 1882 CAPITAL CIRCLE NE STE 105
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: KING, SANDRA
Address: 1882 CAPITAL CIRCLE NE STE 105
City-St-Zip: TALLAHASSEE, FL 32308

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
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: ARNELL BRYANT-WILLIS

DV

04/30/2004

Electronic Signature of Signing Officer or Director

Date