

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008638

1. Entity Name
MDJ COMMUNITY DEVELOPMENT CORPORATION, INC.



Principal Place of Business
1882 CAPITAL CIRCLE NE STE 105
TALLAHASSEE, FL 32308

Mailing Address
1882 CAPITAL CIRCLE NE STE 105
TALLAHASSEE, FL 32308

FILED

08 JAN 30 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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01202008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-0297271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, C. SHA'RON
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BRYANT, ELAINE W
1882 CAPITAL CIRCLE NE STE 105
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BRYANT-WILLIS, ARNELL
1882 CAPITAL CIRCLE NE STE 105
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
FORD, LONA
1882 CAPITAL CIRCLE NE STE 105
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
JAMES, C. SHA'RON
1882 CAPITAL CIRCLE NE STE 105
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KING, SANDRA
1882 CAPITAL CIRCLE NE STE 105
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000117635130
02/08/08--01050--005 **61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Bryant Willis 1/30/08