2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N03000008638

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 ( )**

Name and Address of Current Registered Agent:

JAMES, C. SHA'RON
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 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 exemption stated 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 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: ELAINE W. BRYANT PRES 04/30/2009
Electronic Signature of Signing Officer or Director — Date