

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90203 020 ****61.25

DOCUMENT # N03000010928					
1. Entity Name COMMUNITY DEVELOPMENT CORPORATION OF AMERICA, INC.					
Principal Place of Business 3880 34TH AVE. S., STE D SAINT PETERSBURG, FL 33711			Mailing Address 4905 34TH STREET SOUTH #264 ST. PETERSBURG, FL 33712		
2. Principal Place of Business 4905 34th Street S		3. Mailing Address			
Suite, Apt. #, etc. #264		Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State			
Zip 33711		Country US		Zip	
Country		Country			
6. Name and Address of Current Registered Agent ABDULLAH, DELLA H 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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's signature required when re-registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D ABDULLAH, DELLA H 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDULLAH, M. TAALIB 2121 BARCELONA WAY SOUTH ST. PETERSBURG, FL 33712 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHMAD, QASIM 3880 34TH AVE S., #E. SAINT PETERSBURG, FL 33711 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Qasim Ahmed 9002 Copeland Rd. Tampa, FL 33637 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Delia H. Abdullah</i> <i>Delia H. Abdullah</i> 4/30/06 787-861-1705					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					