

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90434 003 ****61.25

DOCUMENT # N04000003202

1. Entity Name
SNOOP'S COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business
**1940 NORTH DAVIS STREET
JACKSONVILLE, FL 32209**

Mailing Address
**P.O. BOX 12669
JACKSONVILLE, FL 32209**

40060755



2. Principal Place of Business

3. Mailing Address

**P.O. Box 12669
Jacksonville, FL**

Suite, Apt. #, etc.

Jacksonville, FL

City & State

Zip 32209 Country Duval

Zip

Country

04162006 Chg-NP CR2E037 (11/05)

4. FEI Number
APPLIED FOR 33-1115996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARRA, ISHAEL E
282 MCDUFF AVENUE S
JACKSONVILLE, FL 32254**

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 *Ishael Farra*

Ishael Farra

4/16/06

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, 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 **P** ☒ Delete
NAME **WHITEHURST, PATRICE**
STREET ADDRESS **P.O. BOX 12669**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **President** ☒ Change ☒ Addition
NAME **Eaves, Ishmael**
STREET ADDRESS **P.O. Box 12669**
CITY-ST-ZIP **Jax, FL 32209-2669**

TITLE **VP** ☒ Delete
NAME **WHITEHURST, ALONZO**
STREET ADDRESS **P.O. BOX 12669**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **V. President** ☒ Change ☐ Addition
NAME **Eaves, Josiah**
STREET ADDRESS **P.O. Box 12669**
CITY-ST-ZIP **Jax, FL 32209-2669**

TITLE **T** ☒ Delete
NAME **EAVES, ISHMAEL**
STREET ADDRESS **P.O. BOX 12669**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Eaves, Caleb**
STREET ADDRESS **P.O. Box 12669**
CITY-ST-ZIP **Jax, FL 32209-2669**

TITLE **S** ☒ Delete
NAME **EAVES, ZHADA**
STREET ADDRESS **P.O. BOX 12669**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Eaves, Zhada**
STREET ADDRESS **P.O. Box 12669**
CITY-ST-ZIP **Jax, FL 32209-2669**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Ishmael Eaves*

Ishmael Eaves

4/16/06

904-673-1201

904-673-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #