


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90032 035 ****61.25

DOCUMENT # N04000003202 1. Entity Name SNOOP'S COMMUNITY DEVELOPMENT CORPORATION					
Principal Place of Business POB 12669 JACKSONVILLE, FL 32209			Mailing Address P.O. BOX 12669 JACKSONVILLE, FL 32209		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-1115996	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARRA, ISHAEL E 282 MCDUFF AVENUE S JACKSONVILLE, FL 32254				7. Name and Address of New Registered Agent Name Farra Ismael E. Street Address (P.O. Box Number is Not Acceptable) 2259 Courtney Drive City Jacksonville, FL Zip Code 32208	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ENVES, ISHMAEL P.O. BOX 12669 JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Eaves, Ishmael P.O. Box 12669 Jacksonville, Florida	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EAVES, JASIAH P.O. BOX 12669 JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Eaves, Josiah P.O. Box 12669 Jacksonville, Florida	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EAVES, CALEB P.O. BOX 12669 JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EAVES, ZHADA P.O. BOX 12669 JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: <u>Ishmael Farra</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/12/07 Daytime Phone # 625-5822 (904) 625-5822		