2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003202

1. Entity Name
SNOOP'S COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
POB 12669 JACKSONVILLE, FL 32209	P.O. BOX 12669 JACKSONVILLE, FL 32209

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01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
33-1115996
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FARRA, ISHAEL E
2259 COURTNEY DRIVE
JACKSONVILLE, FL 32208

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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
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	P
NAME	EAVES, ISHMAEL
STREET ADDRESS	P.O. BOX 12669
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	VP
NAME	EAVES, JOSIAH
STREET ADDRESS	P.O. BOX 12669
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	T
NAME	EAVES, CALEB
STREET ADDRESS	P.O. BOX 12669
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	S
NAME	EAVES, ZHADA
STREET ADDRESS	P.O. BOX 12669
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/19/08-80012-022 61.25

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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: Ishael Farra 1/9/08 904-654-7153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #