2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N04000003202

Entity Name: SNOOP'S COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

POB 12669
JACKSONVILLE, FL 32209

New Principal Place of Business:

6061 DIAMOND STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

P.O. BOX 12669
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 33-1115996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FARRA, ISHAEL E
2259 COURTNEY DRIVE
JACKSONVILLE, FL 32208 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: P ( ) Delete
Name: EAVES, ISHMAEL
Address: P.O. BOX 12669
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP ( ) Delete
Name: EAVES, JOSIAH
Address: P.O. BOX 12669
City-St-Zip: JACKSONVILLE, FL 32209

Title: T ( ) Delete
Name: EAVES, CALEB
Address: P.O. BOX 12669
City-St-Zip: JACKSONVILLE, FL 32209

Title: S ( ) Delete
Name: EAVES, ZHADA
Address: P.O. BOX 12669
City-St-Zip: JACKSONVILLE, FL 32209

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:

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: ISHAEL FARRA RA 01/15/2009
Electronic Signature of Signing Officer or Director — Date