

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003584

FILED  
Mar 09, 2007  
Secretary of State

**Entity Name:** LAGEHO COMMUNITY DEVELOPMENT NETWORK, INC.

**Current Principal Place of Business:**

2800 SOMERSET DRIVE  
109  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6055  
FORT LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number:** 42-1624862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARMAND, JOHNNY  
2800 SOMERSET DRIVE J-109  
FT LAUDERDALE, FL 33311 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: ARMAND, JOHNNY  
Address: 2800 SOMERSET DRIVE J-109  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: S ( ) Delete  
Name: MOSLEY-MANU, THESDA  
Address: 2800 SOMERSET DRIVE STE 109  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: T ( ) Delete  
Name: CHARLES, LESLY A  
Address: 1515 NE 135TH STREET  
City-St-Zip: MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: CHARLES, LESLY ARMAND  
Address: SOMERSET DRIVE STE. 109  
City-St-Zip: FT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHNNY ARMAND

P

03/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date