2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# N04000004510

Entity Name: THIRD PARENT COMMUNITY DEVELOPMENT INC.

Current Principal Place of Business:

1090 W 27TH ST
RIVIERA BCH, FL 33404

New Principal Place of Business:

P O BOX 10621
RIVIERA BCH, FL 33419

Current Mailing Address:

1090 W 27TH ST
RIVIERA BCH, FL 33404

New Mailing Address:

P O BOX 10621
RIVIERA BCH, FL 33419

FEI Number: 80-0080225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JOHN L
1090 W 27TH ST
RIVIERA BCH, FL 33404 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: ED ( ) Delete
Name: WILLIAMS, JOHN L
Address: 1090 W 27TH ST
City-St-Zip: RIVIERA BCH, FL 33404

Title: D ( ) Delete
Name: PERRY, TROY F
Address: 1378 N MANGONIA DR
City-St-Zip: W PALM BCH, FL 33401

Title: D ( ) Delete
Name: DURDEN, CLIFFORD
Address: 702 BLVD CHATELAINE E
City-St-Zip: DELRAY BCH, FL 334452211

Title: S ( ) Delete
Name: BERRY, JOANN
Address: 5813 SPRUCE AVE
City-St-Zip: W PALM BCH, FL 33407

Title: T ( ) Delete
Name: BOLDIN, CARL
Address: 361 W 23RD ST
City-St-Zip: RIVIERA BCH, FL 33404

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN L WILLIAMS ED 04/11/2005
Electronic Signature of Signing Officer or Director — Date