

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012030

FILED
Apr 21, 2005
Secretary of State

Entity Name: COMMUNITY AND ECONOMIC DEVELOPMENT HOLDINGS, INC.

Current Principal Place of Business:

3 INDEPENDENT DRIVE
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

3 INDEPENDENT DRIVE
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-2061017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURLEY, CHARLES R JR.
1301 RIVERPLACE DRIVE
SUITE 1501
JACKSONVILLE, FL 32207 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: D () Delete
Name: LEE, WALTER M III
Address: 3 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: BEITZ, LYNETTE D
Address: 3 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: RILEY, JOYCE
Address: 3 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Delete
Name: BURR, EDWARD E
Address: 3 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Delete
Name: ALLRED, BARRY L
Address: 3 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Delete
Name: HELMS, ROBERT W
Address: 3 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEE, WALTER M III
Address: 3 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: T (X) Change () Addition
Name: BEITZ, LYNETTE D
Address: 3 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: S (X) Change () Addition
Name: RILEY, JOYCE
Address: 3 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

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: LYNETTE D. BEITZ

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04/21/2005

Electronic Signature of Signing Officer or Director

Date