

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90010 047 \*\*\*\*61.25

**DOCUMENT # N05000008662**

1. Entity Name

JOSHUA COMMUNITY DEVELOPMENT CORP.



Principal Place of Business

2151 LANE AVE. SOUTH  
SUITE, 104  
JACKSONVILLE FL 32210  
US

Mailing Address

P. O. BOX 441113  
JACKSONVILLE FL 32222  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

84-1685146

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORANGE, BOBBY J  
3653 AUGUST CROSSING CT  
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DA1F

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ORANGE, BOBBY J JR.	
STREET ADDRESS	3653 AUGUST CROSSING CT.	
CITY- ST- ZIP	JACKSONVILLE FL 32210	
TITLE	AD	<input type="checkbox"/> Delete
NAME	ELLIS, ELOUISE	
STREET ADDRESS	5208 ORTEGA GLEN DR.	
CITY- ST- ZIP	JACKSONVILLE FL 32210	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRAHAM, THOMAS C	
STREET ADDRESS	7108 DUNSON RD.	
CITY- ST- ZIP	JACKSONVILLE FL 32244	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOWARD, MARIE	
STREET ADDRESS	10349 SANDLER RD.	
CITY- ST- ZIP	JACKSONVILLE FL 32244	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMS, ANTHONY	
STREET ADDRESS	1717 LOCH LEVEN CT.	
CITY- ST- ZIP	ORANGE PK. FL 32065	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TUMBLING, JENNIFER	
STREET ADDRESS	7469 STRATO RD	
CITY- ST- ZIP	JACKSONVILLE FL 32210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacquelyn Orange	
STREET ADDRESS	3653 August Crossing Court	
CITY- ST- ZIP	JACKSONVILLE, FL 32210	
TITLE	Advisor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catina Hoskins	
STREET ADDRESS	1717 Loch Leven Court	
CITY- ST- ZIP	Orange Park, FL 32065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*Bobby J. Orange*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #