# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 24, 2008 8:00 am**
**Secretary of State**
03-24-2008 90042 046 ****61.25

DOCUMENT # N05000008662

1. Entity Name

JOSHUA COMMUNITY DEVELOPMENT CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 2151LANE AVE. SOUTH<br>SUITE, 104<br>JACKSONVILLE FL 32210<br>US | P. O. BOX 441113<br>JACKSONVILLE FL 32222<br>US |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 84-1685146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ORANGE, BOBBY J<br>3653 AUGUST CROSSING CT<br>JACKSONVILLE FL 32210 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ORANGE, BOBBY J JR.<br>3653 AUGUST CROSSING CT.<br>JACKSONVILLE FL 32210 | ☐ Delete | Secretary<br>Catina Hoskins<br>1717 Loch Leven Ct.<br>Jacksonville, FL 32065 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AD<br>ELLIS, ELOUISE<br>5208 ORTEGA GLEN DR.<br>JACKSONVILLE FL 32210 | ☐ Delete | VP<br>Jacquelyn Orange<br>3653 August Crossing Ct.<br>Jacksonville, FL 32210 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GRAHAM, THOMAS C<br>7108 DUNSON RD.<br>JACKSONVILLE FL 32244 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HOWARD, MARIE<br>10349 SANDLER RD.<br>JACKSONVILLE FL 32244 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SIMS, ANTHONY<br>1717 LOCH LEVEN CT.<br>ORANGE PK. FL 32065 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>TUMBLING, JENNIFER<br>7469 STRATO RD<br>JACKSONVILLE FL 32210 | ☐ Delete | | ☐ Change ☐ Addition |

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: X Bobby J. Orange 3-10-08 904-781-7683