## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008662

FILED Jan 06, 2009 Secretary of State

Entity Name: JOSHUA COMMUNITY DEVELOPMENT CORP.

**Current Principal Place of Business:** New Principal Place of Business: 2151LANE AVE. SOUTH 2151 LANE AVE. SOUTH SUITE, 104 SUITE, 104 JACKSONVILLE, FL 32210 US JACKŠONVILLE, FL 32210 US **Current Mailing Address: New Mailing Address:** P. O. BOX 441113 JACKSONVILLE, FL 32222 US FEI Number: 84-1685146 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORANGE, BOBBY J 3653 AUGUST CROSSING CT JACKSONVILLE, FL 32210 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ORANGE, BOBBY J JR. Name: Name: 3653 AUGUST CROSSING CT. Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 US City-St-Zip: Title: ΑD () Delete Title: (X) Change ( ) Addition ELLIS, ELOUISE Name: ORANGE, JACQUELYN Name: Address: 5208 ORTEGA GLEN DR. Address: 3653 AUGUST CROSSING COURT City-St-Zip: JACKSONVILLE, FL 32210 US City-St-Zip: JACKSONVILLE, FL 32210 US Title: () Delete Title: (X) Change ( ) Addition GRAHAM, THOMAS C Name: GRAHAM, THOMAS C Name: Address: 7108 DUNSON RD. Address: 802 JORDAN AVE. City-St-Zip: JACKSONVILLE, FL 32244 US City-St-Zip: LUFKIN, TX 75904 US (X) Change ( ) Addition Title: () Delete Title: HASKINS, CATINA Name: Name: HASKINS, CATINA 8235 LOBSTER BAY CT. UNIT #108 Address: 1717 LOCH LEVEN CT Address: City-St-Zip: JACKSONVILLE, FL 32065 US City-St-Zip: JACKSONVILLE, FL 32256 US Title: () Delete Title: () Change () Addition SIMS, ANTHONY Name: Name: 1717 LOCH LEVEN CT. Address: Address: City-St-Zip: ORANGE PK., FL 32065 ÙS City-St-Zip: Title: ( ) Delete Title: () Change () Addition TUMBLING, JENNIFER Name: Name: Address: 7469 STRATO RD Address: JACKSONVILLE, FL 32210 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BOBBY JACOB ORANGE, JR. P 01/06/2009