


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90191 042 \*\*\*\*61.25

<b>DOCUMENT # N06000001039</b>	
1. Entity Name <b>OPPORTUNITY FLORIDA COMMUNITY DEVELOPMENT CORPORATION</b>	

Principal Place of Business <b>PO BOX 60 CHIPLEY, FL 32428</b>	Mailing Address <b>PO BOX 60 CHIPLEY, FL 32428</b>
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2. Principal Place of Business - No P.O. Box # <b>4636 HWY 90</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Ste K</b>	Suite, Apt. #, etc.
City & State <b>Marianna, FL</b>	City & State
Zip <b>32446</b>	Country <b>USA</b>



04162007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-3943007</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>RIVARD, BO 101 HARRISON AVE PANAMA CITY, FL 32401</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State <b>FL</b>
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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CLARK, GARY PO BOX 127 GRACEVILLE, FL 324400127</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V EUBANKS, JOHNNY PO BOX 454 BRISTOL, FL 32321</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T MONTFORT, VICKI 20118 CENTRAL AVE W BLOUNTSTOWN, FL 32424</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S WARD, BYRON 4627 MEADOWVIEW RD MARIANNA, FL 32446</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5282 PEANUT RD GRACEVILLE, FL 32440</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11493 NW SUMMERS RD</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MONTFORT, VICKI 10911 NW STATE RD 20</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **4-16-07** **950-263-3231**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #