

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001502

FILED
Feb 18, 2008
Secretary of State

Entity Name: H & C COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

12932 NW 6 CT
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

12932 NW 6 CT
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 20-4302034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, HOKE
12932 NW 6 CT
PEMBROKE PINES, FL 33028 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: PD () Delete
Name: WILLIAMS, HOKE
Address: 12932 NW 6 CT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VST () Delete
Name: WILLIAMS, BILLY
Address: 12932 NW 6 CT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: OD () Delete
Name: LOWERY, BATASHA
Address: 1251 NE 108 ST #511
City-St-Zip: MIAMI, FL 33161

Title: OD () Delete
Name: LOUISSAINT, PAULE
Address: 19060 NW 27 AVE # 104
City-St-Zip: MIAMI, FL 33056

Title: OD () Delete
Name: WILSON, SHAWNTAKIA
Address: 119060 NW 27 AVE #104
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: HOKE WILLIAMS

PD

02/18/2008

Electronic Signature of Signing Officer or Director

_____ Date