

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 12, 2009  
Secretary of State**

DOCUMENT# N06000001502

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 T WILLIAMS

PR

03/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date