

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001502

FILED  
Mar 24, 2010  
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 ( )

**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  
Name: WILLIAMS, HOKE  
Address: 12932 NW 6 CT  
City-St-Zip: PEMBROKE PINES, FL 33028

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

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

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

Title: OD  
Name: WILSON, SHAWNTAKIA  
Address: 19060 NW 27 AVE #104  
City-St-Zip: MIAMI, FL 33056

I hereby 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 all other like empowered.

SIGNATURE: HOKE WILLIAMS

PD

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date