

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010071

FILED
Jan 05, 2007
Secretary of State

Entity Name: JEROME OWENS COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

1505 AVENUE F
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1505 AVENUE F
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, FAYE
1505 AVENUE F
FORT PIERCE, FL 34950 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: D () Delete
Name: OWENS, FAYE
Address: 1505 AVENUE F
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: OWENS, TEKEYSHIA
Address: 2403 ST. LUCIE BLVD.
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: JOHNSON, ROSETTA
Address: 2251 N. 51ST STREET
City-St-Zip: FORT PIERCE, FL 34950

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: FAYE OWENS

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date