

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010071

FILED  
Mar 26, 2009  
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:**

1702 N. 16TH COURT  
FORT PIERCE, FL 34950 US

**Current Mailing Address:**

1505 AVENUE F  
FORT PIERCE, FL 34950

**New Mailing Address:**

1505 AVENUE F  
FORT PIERCE, FL 34950 US

**FEI Number:** 26-1581215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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:**

OWENS, FAYE  
1702 N. 16TH COURT  
FORT PIERCE, FL 34950 US

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:

03/26/2009

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: D (X) Change ( ) Addition  
Name: OWENS, FAYE L  
Address: 1702 N. 16TH COURT  
City-St-Zip: FORT PIERCE, FL 34950

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

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

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: FAYE L. OWENS

D

03/26/2009

Electronic Signature of Signing Officer or Director

Date