

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010071

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** JEROME OWENS COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1505 AVENUE F  
FORT PIERCE, FL 34950 US

**New Mailing Address:**

**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  
1702 N. 16TH COURT  
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  
**Name:** OWENS, FAYE L  
**Address:** 1702 N. 16TH COURT  
**City-St-Zip:** FORT PIERCE, FL 34950

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

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

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:** FAYE L. OWENS

D

02/26/2010

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

\_\_\_\_\_  
Date