

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003048

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** MUSTARD SEED COMMUNITIES, INC.

**Current Principal Place of Business:**

6401 LYONS RD.  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6401 LYONS RD.  
COCONUT CREEK, FL 33073

**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:**

PRICE, DAVID T ESQ.  
6401 LYONS RD.  
COCONUT CREEK, FL 33073      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: RAMKISSOON MSGR, GREGORY  
Address: 1 MAHOE DR.  
City-St-Zip: KINGSTON 10 JAMAICA, JA XXXXX WI

Title: D  
Name: BOLTON, KAREN M  
Address: 10 BRIDGE ST.  
City-St-Zip: LOWELL, MA 01852

Title: D  
Name: DALY, PATRICIA  
Address: 40 SOUTH FULLERTON AVE.  
City-St-Zip: MONTCLAIR, NJ 07042

Title: D  
Name: PRICE, DAVID T  
Address: 6401 LYONS RD.  
City-St-Zip: COCONUT CREEK, FL 33073

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: DAVID T PRICE

DIR

02/11/2011

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

\_\_\_\_\_  
Date