

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007378

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: COMMUNITY LAND DEVELOPMENT INC

**Current Principal Place of Business:**

1860 MASSACHUSETTS AVENUE  
SUITE 318  
ST PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

1860 MASSACHUSETTS AVENUE  
SUITE 318  
ST PETERSBURG, FL 33703

**New Mailing Address:**

FEI Number: 01-0909280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFIN, CARL A  
1860 MASSACHUSETTS AVENUE  
SUITE 318  
ST PETERSBURG, FL 33703 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: P ( ) Delete  
Name: GRIFFIN, CARL A  
Address: 1860 MASSACHUSETTS AVENUE SUITE 318  
City-St-Zip: ST PETERSBURG, FL 33703

Title: VP ( ) Delete  
Name: GRIFFIN, WILSON JR  
Address: 4400 CANAL ROAD  
City-St-Zip: LAKE WALES, FL 33898 FL

Title: SEC ( ) Delete  
Name: GRIFFIN, ELIZABETH A  
Address: 4400 CANAL ROAD  
City-St-Zip: LAKE WALES, FL 33898

**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 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: CARL A GRIFFIN

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date