


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N12025 1. Entity Name CARVER RANCHES COMMUNITY DEVELOPMENT CORPORATION	
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Principal Place of Business 2201 SOUTHWEST 42 AVENUE HOLLYWOOD, FL 33023	Mailing Address 2201 SOUTHWEST 42 AVENUE HOLLYWOOD, FL 33023
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DO NOT WRITE IN THIS SPACE



02272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0269102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCDONALD, RUTHIE
4033 SW 22ND STREET
HOLLYWOOD, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000103534 04/05/04 08:05:00 010 01.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORSETT, THOMAS 4760 SW 26TH ST. HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OUTLER, GAY F. 2700 SW 46TH ST. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENDRICK, MARY 5206 SW 23RD ST. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS THOMAS, FLORENCE 4780 SW 26TH STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCDONALD, RUTHIE 4141 SW 28TH STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M NICKOLSON, JACQUELINE 4350 SW 24STREET HOLLYWOOD, FL 33023

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Dorsett **3/28/04** **954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **964-5200**