

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N12025

1. Entity Name
**CARVER RANCHES COMMUNITY DEVELOPMENT
CORPORATION**



Principal Place of Business

**2201 SOUTHWEST 42 AVENUE
HOLLYWOOD, FL 33023**

Mailing Address

**2201 SOUTHWEST 42 AVENUE
HOLLYWOOD, FL 33023**



02252005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0269102

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$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**

7. 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

Ruthie McDonald *Ruthie McDonald*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

4/20/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000325104
04/23/05-80003-001 61.25

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)(f), 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 817, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 *879-963-1063*
DATE Daytime Phone #