

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12743

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** ST. JOHN COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

1324 N.W. 3 AVENUE  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

1324 N.W. 3 AVENUE  
MIAMI, FL 33136

**New Mailing Address:**

**FEI Number:** 59-2657550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALUKO, OLA O P  
1328 NW 3RD AVE.  
MIAMI, FL 33136 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: HUMPHREY, HOMER  
Address: 14310 NW 13TH AVENUE  
City-St-Zip: MIAMI, FL 33167

Title: D  
Name: ADAMS, NELSON L  
Address: 1098 NE 95TH STREET  
City-St-Zip: MIAMI, FL 33138

Title: D  
Name: HUMPHREY, GRACE K  
Address: 14310 NW 13 AVE  
City-St-Zip: MIAMI, FL 33167

Title: D  
Name: BAKER, ROBERT  
Address: 1760 NW 132 STREET  
City-St-Zip: MIAMI, FL

Title: S  
Name: MARY LOUISE WILLIAMS  
Address: 269 NW 7 STREET  
City-St-Zip: MIAMI, FL 33136

Title: T  
Name: TAYLOR, JOHN H  
Address: 1465 NW 203RD STREET  
City-St-Zip: MIAMI, FL 33169

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:** OLA O. ALUKO

MR.

01/13/2012

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

\_\_\_\_\_  
Date