

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16583

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** MEMPHIS AREA COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

1180 52ND STREET  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

1180 52ND STREET  
SARASOTA, FL 34234

**New Mailing Address:**

**FEI Number:** 65-0018599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARD, LONNIE JR  
1180 52ND STREET  
SARASOTA, FL 34234 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 ( ) Delete  
Name: MAJOR, LAWRENCE  
Address: 1180 52ND STREET  
City-St-Zip: SARASOTA, FL 34234

Title: PSD ( ) Delete  
Name: WARD, LONNIE JR.  
Address: 1180 52ND STREET  
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete  
Name: TROUPE, FLORA  
Address: 1180 52ND STREET  
City-St-Zip: SARASOTA, FL 34234

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: WARD, LONNIE JR.  
Address: 1180 52ND STREET  
City-St-Zip: SARASOTA, FL 34234

Title: D (X) Change ( ) Addition  
Name: MAJOR, LAWRENCE  
Address: 1180 52ND STREET  
City-St-Zip: SARASOTA, FL 34234

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LONNIE WARD,JR

PSD

04/30/2004

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

\_\_\_\_\_  
Date