

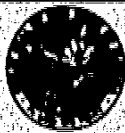
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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**95 APR 26 PM 12:50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Gandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # N38310 (1)**

1. Corporation Name

**THE PLEASANT CITY COMMUNITY REDEVELOPMENT CORPOR  
ATION OF WEST PALM BEACH, INC.**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                     |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>05/24/1990</b>                                                                                              | 3a. Date of Last Report<br><b>02/17/1994</b>           |
| 4. FBI Number<br><b>65-0285871</b>                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | <b>\$6.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                               | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input checked="" type="checkbox"/>                                                         | <b>\$68.75</b> Supplemental Fee Not Required           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                                                  |                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b><br>Suite, Apt. #, etc.<br><b>22</b><br>City & State<br><b>23</b><br>Zip<br><b>24</b> | 2a. Mailing Address<br><b>26</b><br>Suite, Apt. #, etc.<br><b>27</b><br>City & State<br><b>28</b><br>Zip<br><b>29</b><br>Country<br><b>30</b> |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

**9. Name and Address of Current Registered Agent**

**TYSON, JOSEPH B.  
2000-6 A.E. ISAACS AVENUE  
WEST PALM BEACH FL 33407**

**10. Name and Address of New Registered Agent**

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| 85 Zip Code                                           |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

|                |                        |
|----------------|------------------------|
| TITLE          | PD                     |
| NAME           | TYSON, JOSEPH B        |
| STREET ADDRESS | 2000-6 A.E. ISAACS AVE |
| CITY-ST-ZIP    | WEST PALM BEACH FL     |
| TITLE          | VD                     |
| NAME           | ODUM, MICHAEL          |
| STREET ADDRESS | 618 - 21ST STREET      |
| CITY-ST-ZIP    | WEST PALM BEACH FL     |
| TITLE          | SD                     |
| NAME           | WILLIAMS, GLORIA       |
| STREET ADDRESS | 500 - 22ND STREET      |
| CITY-ST-ZIP    | WEST PALM BEACH FL     |
| TITLE          | TD                     |
| NAME           | HUDNELL, CHARLIE       |
| STREET ADDRESS | 1203 WESTCHESTER DR.   |
| CITY-ST-ZIP    | WEST PALM BEACH FL     |
| TITLE          | D                      |
| NAME           | BLOUNT, STANLEY        |
| STREET ADDRESS | 518-18TH ST.           |
| CITY-ST-ZIP    | WEST PALM BEACH FL     |
| TITLE          | D                      |
| NAME           | BROWN, PAUL            |
| STREET ADDRESS | 2025 SPRUCE AVE        |
| CITY-ST-ZIP    | WEST PALM BEACH FL     |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | SD                                                                           |
| 3.3 STREET ADDRESS | Inithia Higgins                                                              |
| 3.4 CITY-ST-ZIP    | 833 30th Street                                                              |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | TD                                                                           |
| 4.3 STREET ADDRESS | Vincent Whitehurst                                                           |
| 4.4 CITY-ST-ZIP    | 820 W. Tiffany Dr. Apt 1                                                     |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           | West Palm Beach, FL 33407                                                    |
| 5.3 STREET ADDRESS | Charlie Hudnell                                                              |
| 5.4 CITY-ST-ZIP    | 1203 Westchester Dr. WPB 33409                                               |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | D                                                                            |
| 6.3 STREET ADDRESS | Michael Smith                                                                |
| 6.4 CITY-ST-ZIP    | 13109 Meadow Breeze Drive                                                    |
|                    | Wellington, FL 33414                                                         |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 not empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #