2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41121

FILED Mar 21, 2006 Secretary of State

Entity Name: LAKE WORTH COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business: 1701 WINGFIELD STREET LAKE WORTH, FL 33460 **Current Mailing Address: New Mailing Address:** P O BOX 147 LAKE WORTH, FL 33460 FEI Number: 65-0239821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOE, RODERICK C CPA, PA MOE, RODERICK C CPA, PA 3199 LAKE WORTH ROAD 101 N J STREET STE 2 LAKE WORTH, FL 33460 US LAKE WORTH, FL 33461 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: 03/21/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CUNNINGHAM, BART Name: Name: 309 SOUTH DIXIE HWY Address: Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: JONES, JULIUS Name: Address: 1210 SOUTH H STREET Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: () Delete Title: () Change () Addition RIENECKER, BARBARA Name: Name: 609 NORTH C STREET Address: Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: SABATER, ROSA Name: MAHONEY, LYNDA 3223 W. COMMERCIAL BLVD #114 Address: Address: 325 NORTH O STREET City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: LAKE WORTH, FL 33460 Title: IMPP (X) Delete Title: () Change () Addition WUENSCH, RONNA J Name: Name: 92 PLUMAGE LANE Address: Address: WEST PALM BEACH, FL 33415 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KATHY LA CROIX ED 03/21/2006