

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41121

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: LAKE WORTH COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

1701 WINGFIELD STREET  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

Current Mailing Address:  
P O BOX 147  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 65-0239821      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MOE, RODERICK C CPA, PA  
3199 LAKE WORTH ROAD  
LAKE WORTH, FL 33461 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: PD ( ) Delete  
Name: GRIMM, EDWARD  
Address: 624 18TH AVENUE NORTH  
City-St-Zip: LAKE WORTH, FL 33460

Title: VD ( ) Delete  
Name: GRIMES, HAROLD  
Address: 1722 CARSON AVENUE  
City-St-Zip: LAKE WORTH, FL 33460

Title: TD ( ) Delete  
Name: SABATER, ROSA  
Address: 502 SW LAKE MANATEE WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD ( ) Delete  
Name: GAITAN, MARIA  
Address: 8501 ELAINE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33472

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD GRIMM

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date