

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41209

FILED
Jan 13, 2004
Secretary of State**Entity Name:** COMMUNITY FINANCING CONSORTIUM, INC.**Current Principal Place of Business:**1016 NORTH DIXIE HWY
2ND FLOOR
WEST PALM BEACH, FL 33401 US**New Principal Place of Business:****Current Mailing Address:**1016 NORTH DIXIE HWY
2ND FLOOR
WEST PALM BEACH, FL 33401 US**New Mailing Address:****FEI Number:** 65-0246414 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GADSON, WANDA
1016 NORTH DIXIE HWY
2ND FLOOR
WEST PALM BEACH, FL 33401**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: BOVA, JOE
Address: 218 DATURA STREET
City-St-Zip: WEST PALM BEACH, FL 33401**Title:** D () Delete
Name: PETERSON, MARK
Address: ONE FINANCIAL PLAZA 9TH FLR
City-St-Zip: FT. LAUDERDALE, FL 33394**Title:** P () Delete
Name: ARENS, ERIK
Address: 350 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480**Title:** V () Delete
Name: MCDOUGAL, DEXTER
Address: 8750 DORAL BLVD 7P
City-St-Zip: MIAMI, FL 331782402**Title:** ST () Delete
Name: ARBOGAST, STEVE
Address: 301 YAMATO RD
City-St-Zip: BOCA RATON, FL 33431**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:**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: W.G.

E.D.

01/13/2004

Electronic Signature of Signing Officer or Director

Date