

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48163

FILED
Apr 26, 2007
Secretary of State

Entity Name: GRAND AVENUE ECONOMIC COMMUNITY DEVELOPMENT CORP.

Current Principal Place of Business:

2803 W. ARLINGTON ST.
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

5104 N. ORANGE BLOSSOM TRL
#206
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 59-3131199 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BLUM, HELAINE M
5104 N. ORANGE BLOSSOM TRAIL
SUITE 206
ORLANDO, FL 32810 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: CD () Delete
Name: WORRELL, CAMILLA
Address: 2071 GOLDWATER CT.
City-St-Zip: MAITLAND, FL 32751

Title: TD () Delete
Name: HUGHES, SHARON
Address: 220 E CENTRAL PARKWAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: P () Delete
Name: BLUM, HELAINE M
Address: 5104 N. ORANGE BLOSSOM TRAIL, SUITE 206
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: ANDERSON, SAMUEL K
Address: 2907 FORRESTAL AVE
City-St-Zip: ORLANDO, FL 32809

Title: SD () Delete
Name: LEE, MAGGIE
Address: 1610 N. POWERS DR.
City-St-Zip: ORLANDO, FL 32818

Title: VCD () Delete
Name: WORRALL, JEAN
Address: 2929 ASHTON TERRACE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: HUGHES, SHARON
Address: 650 DUVALL AVE
City-St-Zip: RENTON, WA 98059 US

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: HELAINE M BLUM

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date