


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N50758 | | | | | |
| 1. Corporation Name LIMESTONE CREEK COMMUNITY DEVELOPMENT CORPORATIO N | | | | | |
| Principal Place of Business 6784 CHURCH STREET JUPITER FL 33458-3825 | | | Mailing Address 6784 CHURCH STREET JUPITER FL 33458-3825 | | |



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/04/1992 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0382443 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 30 | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| SCOTT, WILLIE 6784 CHURCH STREET JUPITER FL 33458 | | | | 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | | | | |
|----------------------------|--------------------|--|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | SCOTT, WILLIE | | | 1.2 NAME | Celestine SCOTT | | |
| STREET ADDRESS | 6784 CHURCH STREET | | | 1.3 STREET ADDRESS | 6784 Church St. | | |
| CITY-ST-ZIP | JUPITER FL | | | 1.4 CITY-ST-ZIP | Jupiter, FL 33458 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CHRISTIAN, GERALD | | | 2.2 NAME | | | |
| STREET ADDRESS | 6644 4TH ST | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JUPITER FL 33458 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WISE, KELVIN | | | 3.2 NAME | | | |
| STREET ADDRESS | 6710 4TH ST | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JUPITER FL 33458 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HATCHER, DAVID | | | 4.2 NAME | | | |
| STREET ADDRESS | 6829 4TH ST | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JUPITER FL 33458 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CHANEY, NATHANIEL | | | 5.2 NAME | | | |
| STREET ADDRESS | 17674 CARVER AVE | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JUPITER FL 33458 | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | TISDALE, CHARMAINE | | | 6.2 NAME | | | |
| STREET ADDRESS | 6699 4TH ST | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JUPITER FL 33458 | | | 6.4 CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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, with all other like empowered.

SIGNATURE: *Willie Scott* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99 561-744-9677

Date

Daytime Phone #

CR2E037 (11/98)