# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 23, 2009**
**Secretary of State**

DOCUMENT# N50951

**Entity Name:** DELRAY BEACH COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

401 WEST ATLANTIC AVE.
SUITE 016
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 W. ATLANTIC AVE.
SUITE 016
DELRAY BEACH, FL 33444 US

**New Mailing Address:**

401 WEST ATLANTIC AVE.
SUITE 016
DELRAY BEACH, FL 33444 US

**FEI Number: 65-0384313** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

SANDERS, WILLIAM N.
11211 S MILITARY TRAIL #4522
BOYNTON BEACH, FL 33436 US

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

SANDERS, WILLIAM N.
401 W. ATLANTIC AVENUE
SUITE 016
DELRAY BEACH, FL 33444 US

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: _____ 02/23/2009
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BROADNAX, CHARLES
Address: 712 GOLF COURT
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD ( ) Delete
Name: ODOM, YVONNE L
Address: 3905 LOWSON
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD ( ) Delete
Name: WALKER, PATRICIA
Address: 2226 S. CONGRESS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete
Name: WELLS, BOBBY
Address: 111 NW 11TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD ( ) Delete
Name: HOWARD, CAROL
Address: 1010 S. FEDERAL HIGHWAY
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: WILLIAMS, GEORGE
Address: 131 NW 4TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

**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:

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: CHARLES BROADNAX PD 02/23/2009
Electronic Signature of Signing Officer or Director — Date