

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000227	
1. Entity Name RICHMOND HEIGHTS COMMUNITY DEVELOPMENT CORPORATION	
Principal Place of Business 14440 OLIVIA EDWARDS (LINCOLN) BLVD. MIAMI, FL 33176	Mailing Address 14440 OLIVIA EDWARDS (LINCOLN) BLVD. MIAMI, FL 33176



04262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0378328	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FERGUSON, JOHN A
11111 PINKSTON DR
MIAMI, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	BD GRAY, CHARLES 14000 MONROE ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT FRIERSON, WALTER 144440 LINCOLN BLVD MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT FERGUSON, JOHN 11111 PINKSTON DR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/28/05-80085-016 70.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. FERGUSON

Date

Daytime Phone #

4-15-05