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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N93000003811 (7)

COMMUNITY DEVELOPMENT AND PLANNING, INC.

FILED Mar 24 1998 8:00am Secretary of State

| Principal Place | e of Business | Mailing Address | | | | i ibbilibi ara Parab (Pili a (| JIII Tu ala uu na uudha aa | AITO IIITI IDIQE | |
|---|--|--------------------------------------|----------------------------|--------------------|----------------------------------|--|--|-----------------------------|--|
| 2518 SOUTH H | ₩Y. 77 | POS OFFICE BOX 418 | | | - | 3. Date Incorporated or Qu | ualified | | |
| ste D. Lynn haven f | E1 92444 | SUITE 15 Lynn haven fl 32444 | | } | 08/24/1993 | | | | |
| US | | US | | | | 4. FEI Number | | A | oplied For |
| | | | | | | 59-3212516 | | N | lot Applicable |
| | Place of Business | 2a. Mailing Address | ├─ 1 | | | 5. Certificate of Status Des | ired | \$8.75 | Additional |
| 21 Suito : Apt | 4 | 26 Suite Ant # etc | | | | | | | lequired |
| Suite, Apt. | | Suite, Apt. #, etc. | 27 | | | Election Campaign Finar Trust Fund Contribution | noing | \$5.00 Added t | |
| City & State | e | City & State | | | | 7. Is this nonprofit corporation a homeowners association? | | | |
| Zip | Country | 28 | | | | | | ∐ No | |
| 24 | | | 30 | n ' | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | |
| <u> </u> | 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of | | | |
| · - · · · · · · · · · · · · · · · · · · | | | 81 | N | Name | | | | |
| EVANS, ROBERT L | | | | ╬ | Percet Address | - (D.O. Doy Alumber in Alet A | table) | | |
| | VENWOOD CT | | 82 | 1 3 | Street Addres | s (P.O. Box Number is Not A | oceptable) | | |
| | AVEN FL 32444 | | 63 | 1 | | | | | |
| | | | 84 | i c | City | | | 85 Z ip | Code |
| 11. Pursuant | to the provisions of Sections 617.05 | in2 and 617 1508. Florida Statut | es the abov | <u>′e-n</u> ≀ | amed corner | ation submits this statement (| for the purpose o | f changing i | to registered |
| office or re | to the provisions of Sections 617.05 registered agent, or both, in the States familiar with and accept the obligations and accept the obligations. | ie of Florida. Such change was a | authorized by | y the | e corporation | n's board of directors. I hereb | y accept the app | ointment as | registered |
| agent. I ai | m familiar with, and accept the obliq | gations of, Section 617.0005, Fig | Maa Statutes | s. | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered as | gent and little if applicable (NOT | E: Registered Ap | eni si | ignature required t | when reinstating) | DATE | | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO | | DIRECTOR | RS IN 12 |
| TITLE | DP | ☐ DELETE | 1.1 TITLE | | | | | Change | Addition |
| NAME | EVANS, ROBERT L | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 2719 RAVENWOOD CT. | | 1.3 STREET | T ADD | DRESS | | | | |
| CITY - ST - ZIP | | | 1.4 CITY-S | ST-Z | IP . | <u></u> | | | |
| TITLE | | | 2.1 TITLE | | | - | | ☐ Change | Addition |
| NAME | WILLIAMS, JACK G | | 2.2 NAME | | | · | | | |
| STREET ADDRESS | 502 HARMON AVE | | 2.3 STREET | T ADD | DRESS | | | | |
| CITY-ST-ZIP | PANAMA CITY FL | | | 2.4 CITY-ST-ZIP | | | | — | |
| TITLE | • ' | ST DELETE 3.1 | | | | | | ☐ Change | Addition |
| NAME CYREST ADDRESS | BLEOSOE, TERESA L 218 SCOOTER DRIVE | | 3.2 NAME | | | | | | |
| STREET ADDRESS | DANIARA OITU FI | | | 3.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | | 3.4. CITY - 5 4.1 TITLE | ST - ZI | IP | | | Change | Addition |
| NAME | DOOLE THOUSE | | 4.1 TITLE 4. 2 NAME | | | | | L Clearys | L_J Addition |
| STREET ADDRESS | 613 HARRISON AVE. | | 4. 2 NAME 4.3 STREET | | verce | | | | |
| CITY-ST-ZIP | DANIANA OTVI FI | | 4.3 STREET | | - 1 | | | | |
| TITLE | Tricuncs Off FTE | DELETE 5.11 | | 21 - EH | <u> </u> | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | | .و سا | Band Characters. |
| STREET ADDRESS | | | 5.3 STREET | 1 ADD | DRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | | - 1 | | | | |
| TITLE | | | 6.1 TITLE | /1 | " | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 6.3 STREET | r add | ARFSS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | | | | | | |
| 14. I hereby co | ertify that the information supplied v | with this filing does not qualify fo | r the exemp | otion | stated in Se | ction 119.07(3)(i), Florida Sta | tutes. I further ce | rtify that the | information |
| officer or c | on this annual report or supplement director of the corporation or the rec | ceiver or trustee empowered to e | urate and this : | teb: | ny signature a ort as require | shall have the same legar end ed by Chapter 617, Florida St | oct as if made und atutes; and that r | der oath; tha nv name ap | at I am an pears in |
| Block 12 e | or Block to if changed, ann an atte | achment with an address. | _ | | | | | | ' |