

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N93000004336

GOULDS COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business 11293 S.W. 216 STREET

2. Principal Place of Business

GOULDS FL 33170

21

Mailing Address

11293 S.W. 216 STREET GOULDS FL 33170

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED Mar 24, 1999 8:00 am § Secretary of State

03-24-1999 90048 030 ****70.00



3. Date Incorporated or Qualifed

09/27/1993

4. FEI Number

Suite, A	ot. #, etc.	Suite, Apt. #, etc.			4. FEI Number	/ +	lied For
22		27			65-0428857	Not	Applicable
- City & S	tate	City & State		- · · -	5. Certificate of Status Desired	\$8.75 A Fee Red	
23 Zip '	Country	Zip			6. Election Campaign Financing	\$5.00	May Be
-	[25]	29 30	¬ ´		Trust Fund Contribution	Added to	•
24	9. Name and Address of Current		<u>'</u>		10. Name and Address of New Registers		
· · ·	o. Name and Address of Content	rodistaing whorit	81	Name			
<u> </u>							
DEMPS, JR, J L			82 Street Address (P.O. Box Number is Not Acceptable)				
11025 S.W. 223 STREET			83				
GOULDS FL 33170			63			•	
;	0		84	City		85 Zip C	ode
7							1 1 1 1 1
11. Pursuant to the provisions of Sections 617.0502 and 677.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office on registered agent, or provide a state of Provide. 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 Standard of the provisions of Sections 617.0502 and 677.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE Standard of the provisions of Sections 617.0502 and 677.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I hereby accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent and accept the appointment as registered agent. I am familiar with a registered agent and accept the appointment as registered agent. I am familiar with a registered agent and accept the appointment as registered agent and accept the accept the appointment as registered agent and accept the accept the acceptance and accept the acceptance agent and accept the acceptance acceptance and acceptance							
12.	Signature typed or printed name of registered spent a		13.	Signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
	PD OFFICERS AND	DELETE	1.1 TITLE			[] Change	Addition
TITLE	· -	D 3223,0	1.2 NAME				
NAME !	DEMPS, JR., J L					-	
STREET ADDRE	11020 C.W. IEF CHILLI		1.3 STREET				
CITY-ST-ZIP	GOULDS FL 33170	Florier	1.4 CITY-ST	-ZIP		[] Change	☐ Addition
TITLE	VD	☐ DELETE	2.1 TITLE			C] Criange	
NAME	WEDD, ORIETEE		2.2 NAME				
STREET ADDRE	21001 011 127 000111		2.3 STREET	ADDRESS			1
CITY-ST-ZIP	GOULDS FL 33177		2.4 CITY-S	r-zip			
ΠLE	TD	□ DĒΓEΙĒ	3.1 TITLE		وهواك موادات الماسية	- Change -	☐ Addition
NAME	POPE, LIZZIERENE		3.2 NAME				
STREET ADDRE	ss 10720 SW 222 DRIVE		3.3 STREET	ADDRESS	•		1
CITY-ST-ZIP	GOULDS FL 33170			r-ZIP			
TITLE	SD	☐ DELETE	4.1 TITLE		_	Change	☐ Addition
NAME :	LEWIS, CANTY		4. 2 NAME		•		.
STREET ADORE			4.3 STREET	ADDRESS		•	}
CITY-ST-ZIP				- ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME	~		5.2 NAME	'			
STREET ADDRE	ssl	••	5.3 STREET	ADDRESS			.
CITY-ST-ZIP			5.4 CITY-ST	-ZiP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME		•		}
STREET ADDRE	22		6.3 STREET	ADDRESS	•		
i	•		6.4 CITY-ST				
CITY-ST-ZIP			5 511. 0				

14. I hereby certify that the information expelled with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this aniton expert or shoplements 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 of the receiver or frustee 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 in a rattachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

Applied For