

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90258 001 ****61.25
 01-31-2002 90258 002 *****8.75

DOCUMENT # N93000004336

1. Entity Name

GOULDS COMMUNITY DEVELOPMENT CORPORATION, INC.

#1191
#1192

Principal Place of Business

Mailing Address

**11293 S.W. 216 STREET
 GOULDS FL 33170**

**11293 S.W. 216 STREET
 GOULDS FL 33170**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0428857

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMPS, JR, J L
 11025 S.W. 223 STREET
 GOULDS FL 33170**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEMPS, JR., J L	
STREET ADDRESS	11025 S.W. 127 STREET	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEBB, CARLYLE	
STREET ADDRESS	21651 SW 127 COURT	
CITY-ST-ZIP	GOULDS FL 33177	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POPE, LIZZIERENE	
STREET ADDRESS	10720 SW 222 DRIVE	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, CANTY	
STREET ADDRESS	11799 BAILES ROAD	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey Nilsson	
STREET ADDRESS	14534 SW 80th Street	
CITY-ST-ZIP	Miami, FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: JL Demps, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/01

Date

(305) 278-6950

Daytime Phone #

CR2E037 (9/01)