


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000004336</b> 1. Entity Name <b>GOULDS COMMUNITY DEVELOPMENT CORPORATION, INC.</b>	
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Principal Place of Business <b>11293 S.W. 216 STREET GOULDS FL 33170</b>	Mailing Address <b>11293 S.W. 216 STREET GOULDS FL 33170</b>
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number <b>65-0428857</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>DEMPS, JR, J L 11025 S.W. 223 STREET GOULDS FL 33170</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b>   Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<b>PD</b> <b>DEMPS, JR., J L</b> <b>11025 S.W. 127 STREET</b> <b>GOULDS FL 33170</b> <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;">             1100000027808              02/03/04-80061-020 70.00           </div>
STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP
TITLE NAME	<b>VD</b> <b>WEBB, CARLYLE</b> <b>21651 SW 127 COURT</b> <b>GOULDS FL 33177</b> <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP
TITLE NAME	<b>SD</b> <b>LEWIS, CANTY</b> <b>11799 BAILES ROAD</b> <b>GOULDS FL 33170</b> <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP	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:** \_\_\_\_\_