


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90002 022 ****70.00

DOCUMENT # N93000004336			
1. Entity Name GOULDS COMMUNITY DEVELOPMENT CORPORATION, INC.			
Principal Place of Business 11293 S.W. 216 STREET GOULDS, FL 33170		Mailing Address 11293 S.W. 216 STREET GOULDS, FL 33170	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 7500 31	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami FL	
Zip	Country	Zip	Country
33170		33170	Miami-DADE
6. Name and Address of Current Registered Agent DEMPS, JR, J L 11025 S.W. 223 STREET GOULDS, FL 33170		7. Name and Address of New Registered Agent	
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	Secretary - S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPS, JR., J L	NAME	Lewis Canty
STREET ADDRESS	11025 S.W. 127 STREET	STREET ADDRESS	11799 Bailes Rd.
CITY-ST-ZIP	GOULDS, FL 33170	CITY-ST-ZIP	GOULDS FL, 33170
TITLE	VD <input type="checkbox"/> Delete	TITLE	Lt Col. Roland Ellis-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, CARLYLE	NAME	
STREET ADDRESS	21651 SW 127 COURT	STREET ADDRESS	12840 SW 216th Terrace
CITY-ST-ZIP	GOULDS, FL 33177	CITY-ST-ZIP	GOULDS, FL 33170
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORROW, ERNEST	NAME	Min. Johnny Futch
STREET ADDRESS	11030 SW 156 STREET	STREET ADDRESS	P.O. Box 700813
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	GOULDS, FL 33170
TITLE	<input type="checkbox"/> Delete	TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Lizzierene Pope
STREET ADDRESS		STREET ADDRESS	10720 SW 222 DR.
CITY-ST-ZIP		CITY-ST-ZIP	GOULDS, FL 33170
TITLE	<input type="checkbox"/> Delete	TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Rev. Jimmy Robinson
STREET ADDRESS		STREET ADDRESS	10125 SW 94th Ave.
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



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4. FEI Number 65-0428857 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required