

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004336

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** GOULDS COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

11293 S.W. 216 STREET  
GOULDS, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX  
700031  
MIAMI, FL 33170

**New Mailing Address:**

**FEI Number:** 65-0428857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: CANTY, LEWIS  
Address: 11799 BAILES RD  
City-St-Zip: GOULDS, FL 33170

Title: VD ( ) Delete  
Name: WEBB, CARLYLE  
Address: 21651 SW 127 COURT  
City-St-Zip: GOULDS, FL 33177

Title: D ( ) Delete  
Name: ELLIS, ROLAND LT  
Address: 12840 SW 216TH TERRACE  
City-St-Zip: GOULDS, FL 33170

Title: D ( ) Delete  
Name: FUTCH, JOHNNY MIN.  
Address: PO BOX 700813  
City-St-Zip: GOULDS, FL 33170

Title: D ( ) Delete  
Name: POPE, LIZZIERENE  
Address: 10720 SW 222 DR  
City-St-Zip: GOULDS, FL 33170

Title: D ( ) Delete  
Name: ROBINSON, JIMMY REV.  
Address: 10125 SW 99TH AVE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JL DEMPS JR

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date