

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N93000004336

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

Electronic Signature of Signing Officer or Director

PRES

04/09/2009

Date