

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 JUN 13 AM 11:32**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**600001513296**  
-06/15/95--01014--023  
\*\*\*\*233.75 \*\*\*\*233.75

**DOCUMENT # N93000004338 (0)**  
1. Corporation Name  
**JUBILEE COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business      Mailing Address  
**2828 Coral Way, Suite 303      2828 Coral Way, Suite 303**  
**Miami, FL 33145                      Miami, FL 33145**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/20/1993	1994
22		27		4. FEI Number	Applied For
Suite, Apt #, etc		Suite, Apt #, etc		65-0441965	Not Applicable
23		28		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24		25		7. This corporation has liability for intangible tax under S. 199.002, Florida Statutes	
Zip		Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29		30			
Zip		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Judith Bunker IMF 100 N.W. 37 Avenue, #500 Miami, FL 33125				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP/D	1. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Bunker	1. NAME	Robert A. Chambers
STREET ADDRESS	IMF 100 N.W. 37 Avenue, #500	1.3 STREET ADDRESS	645 Madeira Avenue
CITY, ST, ZIP	Miami, FL 33125	1.4 CITY, ST, ZIP	Coral Gables, FL 33134
TITLE	VCVP/D	2. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee Coppermoll	2. NAME	Rev. Richard Eissfeldt
STREET ADDRESS	211 S. Homestead Blvd	2.3 STREET ADDRESS	IMF 3507 Frontage Rd, #350
CITY, ST, ZIP	Homestead, FL 33030	2.4 CITY, ST, ZIP	Tampa, FL 33607
TITLE	T/D	3. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. John J. Vaughan	3. NAME	Pedro J. Garcia
STREET ADDRESS	9401 Biscayne Boulevard	3.3 STREET ADDRESS	Codina Group, 8323 N.W. 12 St, Ste 115
CITY, ST, ZIP	Miami Shores, FL 33138	3.4 CITY, ST, ZIP	Miami, FL 33126
TITLE	S/D	4. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Pike	4. NAME	Rev. Jonas Georges
STREET ADDRESS	560 Hunting Lodge Drive	4.3 STREET ADDRESS	SHARE 5000 Biscayne Blvd, Ste 102
CITY, ST, ZIP	Miami Springs, FL 33166	4.4 CITY, ST, ZIP	Miami, FL 33137
TITLE		5. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5. NAME	Roy J. Helm Jr.
STREET ADDRESS		5.3 STREET ADDRESS	Nations Bank, 150 SE 3 Ave, Ste 524
CITY, ST, ZIP		5.4 CITY, ST, ZIP	Miami, FL 33131
TITLE		6. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6. NAME	Rev. Joanes Martin
STREET ADDRESS		6.3 STREET ADDRESS	605 S.W. 6th Avenue
CITY, ST, ZIP		6.4 CITY, ST, ZIP	Homestead, FL 33030

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Judith Bunker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Judith Bunker, President

6-8-95 305-642-6822  
DATE                      TELEPHONE #

1193-41338  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**13. Additions to Directors in 12.**

7. D  
Raul Masvidal  
2121 Ponce de Leon #1050  
Coral Gables, Fl 33134
8. D  
Rev. David Mueller  
8701 S.W. 124 St.  
Miami, Fl 33176
9. D  
Susan J. Reyna  
P.O. Box 343449  
Florida City, Fl 33034
10. D  
Jose (Manny Romero)  
26140 South Dixie Highway  
Naranja, Fl 33032
11. D  
Victor Dover  
5879 Sunset Drive Suite #1  
South Miami, Fl 33143