FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001882 (9)

1. Corporation Name
THE ABYSSINIAN COMMUNITY DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
312 NW 6TH AVE POMPANO BEACH FL 33060	312 NW 6TH AVE POMPANO BEACH FL 33060

3. Date Incorporated or Qualified: 04/15/1994
3a. Date of Last Report:
4. FEI Number: 65-0490760 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 820 N.W 2nd Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Pompano Beach, FL
Zip / Country 24 / 25	Zip / Country 29 33060 / 30 Broward

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUDOLPH, WINSTON W 312 NW 6TH AVE POMPANO BEACH FL 33060	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	RUDOLPH, WINSTON W	12 NAME	
STREET ADDRESS	3622 NW 34TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	WALKER, JAMES	22 NAME	
STREET ADDRESS	2029 NW 14TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	SERMONS, BESSIE	32 NAME	Annie Harris
STREET ADDRESS	1400 NW 11TH CT	33 STREET ADDRESS	1349 Sussex Dr.
CITY-ST-ZIP	FT LAUDERDALE FL 33311	34 CITY-ST-ZIP	North Lauderdale, FL 33068
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	ELLINGTON, CHARLES	42 NAME	
STREET ADDRESS	137 NW 15TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, GLORIA J	52 NAME	
STREET ADDRESS	123 NW 15TH CT	53 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W Rudolph Winston W. Rudolph, Sr. 3/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Electronic Filing #

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