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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001882 (9)**

1. Corporation Name

THE ABYSSINIAN COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business 312 NW 6TH AVE POMPANO BEACH FL 33060	Mailing Address 820 NW 2ND AVENUE POMPANO BEACH FL 33060 US
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3. Date Incorporated or Qualified 04/15/1994	
4. FEI Number 65-0490760	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 733 NW 6th St. Suite, Apt. #, etc. 22 Pompano Beach City & State 23 Florida Zip 24 33060	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Broward Country 30
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent RUDOLPH, WINSTON W 312 NW 6TH AVE POMPANO BEACH FL 33060	
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10. Name and Address of New Registered Agent 81 Name Rudolph, Winston W. 82 Street Address (P.O. Box Number is Not Acceptable) 733 NW 6th St. 83 Pompano Beach City 84 FL 85 Zip Code 33060	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	RUDOLPH, WINSTON W
STREET ADDRESS	3622 NW 34TH AVE
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309
TITLE	DV <input type="checkbox"/> DELETE
NAME	WALKER, JAMES
STREET ADDRESS	2029 NW 14TH AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33311
TITLE	D <input type="checkbox"/> DELETE
NAME	HARRIS, ANNIE
STREET ADDRESS	1349 SUSSEX DRIVE
CITY-ST-ZIP	NORTH LAUDERDALE FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	ELLINGTON, CHARLES
STREET ADDRESS	137 NW 15TH ST
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	DT <input type="checkbox"/> DELETE
NAME	ROBINSON, GLORIA J
STREET ADDRESS	123 NW 15TH CT
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: Annie Harris Annie Harris Director 4/27/98 (954)7861822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0025192

CR2E037 (10/97)