

FILE NOW: FILING FEE IS \$61.25

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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000001822 (9)✓

1. Corporation Name
The Abyssinian Community Development Corporation

Principal Place of Business
**733 NW 6th St.
 Pompano Beach, FL 33060**

Mailing Address
**820 NW 2nd Ave.
 Pompano Beach, FL 33060**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	733 NW 6th St.	26	820 NW 2nd Ave.	04/15/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Pompano Beach	27	Pompano Beach	65-0490760	
City & State		City & State		Applied For	
23	Florida	28	Florida	Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/>	
24	33060	29	33060	\$8.75 Additional Fee Required	
25	US	30	US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Winston W. Rudolph		81 Name	
820 NW 2nd Ave.		82 Street Address (P.O. Box Number is Not Acceptable)	
Pompano Beach, FL 33060		83	
		84 City	
		FL	
		85 Zip Code	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winston W. Rudolph	1.2 NAME	
STREET ADDRESS	820 NW 2nd Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL 33060	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Walker	2.2 NAME	
STREET ADDRESS	820 NW 2nd Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL 33060	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Annie Harris	3.2 NAME	
STREET ADDRESS	820 NW 2nd Ave.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL 33060	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Ellington	4.2 NAME	
STREET ADDRESS	820 NW 2nd Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL 33060	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gloria J. Robinson	5.2 NAME	
STREET ADDRESS	820 NW 2nd Ave.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL 33060	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.073(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, with a I other like empowered.

SIGNATURE: **Annie Harris** **Annie Harris** Director **4/13/99** **(954) 786-1822**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)