

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90132 049 \*\*\*\*70.00

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **N94000001822 (9) V**  
 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**

21	22	23	24	25	26	27	28	29	30	3. Date Incorporated or Qualified	4. FEI Number	Applied For
												Not Applicable

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent								
<b>Winston W. Rudolph</b> <b>820 NW 2nd Ave.</b> <b>Pompano Beach, FL 33060</b>				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 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 letter 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)