2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N94000001882

Entity Name: THE ABYSSINIAN COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

820 NW 2ND AVE
POMPANO BCH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

820 NW 2ND AVE
POMPANO BCH, FL 33060 US

New Mailing Address:

FEI Number: 65-0490760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUDOLPH, WINSTON W
820 NW 2ND AVE
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	RUDOLPH, WINSTON W	
Address:	820 NW 2ND AVE	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	V	( ) Delete
Name:	MARTIN, BARBARA	
Address:	820 NW 2ND AVE	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	D	( ) Delete
Name:	YEAGER, IVAN	
Address:	820 NW 2ND AVE	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	S	( ) Delete
Name:	ROMEO, JOYCE	
Address:	820 NW 2ND AVE	
City-St-Zip:	POMPANO BCH, FL 33060 US	
Title:	D	( ) Delete
Name:	ROBINSON, GEORGIA ESQ	
Address:	820 NW 2ND AVENUE	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	D	( ) Delete
Name:	HAMILTON, EDWIN DR.	
Address:	820 NW 2ND AVENUE	
City-St-Zip:	POMPANO BEACH, FL 33060	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINSTON W. RUDOLPH CEO 04/08/2009
Electronic Signature of Signing Officer or Director — Date