

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003226

FILED
Apr 30, 2007
Secretary of State

Entity Name: FRIENDS OF FRANKLIN PARK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2430 NW 9TH ST.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2430 NW 9TH ST.
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0514270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MELVIN D SR
2430 NW 9TH ST.
FT. LAUDERDALE, FL 33311 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: PD () Delete
Name: PRESSLEY, THEOTIS SR
Address: 2430 NW 9TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VPD () Delete
Name: DAVIS, MELVIN D
Address: 2430 NW 9 STREET
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: SD () Delete
Name: THOMPSON, DIANA
Address: 2060 N.W. 6TH AVENUE
City-St-Zip: POMPANO, FL 33060

Title: T (X) Delete
Name: LEWIS, JEWEL L
Address: 880 NW 25TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: LEWIS, JEWEL J
Address: 880 NW 25TH AVE
City-St-Zip: 880 NW 25TH AVE, FL 33311

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: THEOTIS PRESSLEY

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date