


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90401 014 ****61.25

DOCUMENT # N94000003809					
1. Entity Name RUSKIN COMMUNITY DEVELOPMENT FOUNDATION, INC.					
Principal Place of Business 315 S TAMUIMI TR RUSKIN, FL 33570 US			Mailing Address 1203 1ST STREET SW RUSKIN, FL 33570		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 549			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ruskin FL		4. FEI Number 65-0545202	
Zip		Country 33575 Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON, KATHLEEN R 1426 DEIRDRE DR RUSKIN, FL 33570			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME FUENTES, MIGUEL STREET ADDRESS 416 US 41 SOUTH CITY-ST-ZIP RUSKIN, FL 33570	<input type="checkbox"/> Delete		TITLE D NAME Daniel Hartzog STREET ADDRESS 1601 Rickenbacker #8 CITY-ST-ZIP Sun City center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SMITH, MARIELLE STREET ADDRESS 108 JANIE ST CITY-ST-ZIP RUSKIN, FL 33570	<input type="checkbox"/> Delete		TITLE D NAME Mark Dunn STREET ADDRESS 1203 Ventana Dr. CITY-ST-ZIP Ruskin, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME COUNCIL, SANDRA R STREET ADDRESS 1203 1ST STREET SW CITY-ST-ZIP RUSKIN, FL 33570	<input type="checkbox"/> Delete		TITLE D NAME Allen Witt STREET ADDRESS 225 Shell Falls Dr CITY-ST-ZIP Apollo Beach, FL 33572	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ELLSBERRI, VICKI STREET ADDRESS 2836 24TH STREET SE CITY-ST-ZIP RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete		TITLE D NAME Dolly Cummings STREET ADDRESS 106 Jarne CITY-ST-ZIP Ruskin, Florida 33570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME JACOBSEN, FRED STREET ADDRESS 702 FLAMINGO DR CITY-ST-ZIP RUSKIN, FL 33570	<input type="checkbox"/> Delete		TITLE P NAME Fred Jacobsen STREET ADDRESS 600 Kingston Ct. CITY-ST-ZIP Apollo Beach FL 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HOWARD, BETH STREET ADDRESS 307 18TH AVE SE CITY-ST-ZIP RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete		TITLE D NAME Dr. A. Mac Miller STREET ADDRESS 120 Dickman Dr Sw CITY-ST-ZIP Ruskin, Florida 33570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Fred Jacobsen Pres</u>			Date: <u>4-23-08</u> Daytime Phone #: <u>298 6028</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					