2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000006098

1. Entity Name
NEW MONROVIA COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
C/O SYLVIA TAYLOR 5673 S.E. 47TH AVENUE PORT SALERNO, FL 34992	C/O SYLVIA TAYLOR 5673 S.E. 47TH AVENUE PORT SALERNO, FL 34992

05032006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0551284
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, SYLVIA
5673 SE 47TH AVENUE
PT. SALERNO, FL 34997

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REED, GARY
STREET ADDRESS	5549 SE INEZ AVE.
CITY-ST-ZIP	PORT SALERNO, FL 34992
TITLE	D
NAME	DELANCY, GAILYA
STREET ADDRESS	5744 SE 47TH AVENUE
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	CLARK, ERNESTINE
STREET ADDRESS	5659 S.E. 44TH AVE.
CITY-ST-ZIP	PORT SALERNO, FL
TITLE	PD
NAME	MCHARDY, GLORIA
STREET ADDRESS	5772 SE 47TH AVENUE
CITY-ST-ZIP	PORT SALERNO, FL 34997
TITLE	SD
NAME	TAYLOR, SYLVIA
STREET ADDRESS	5673 SE 47TH AVE
CITY-ST-ZIP	STUART, FL 34997
TITLE	DV
NAME	JACKSON, HAROLD
STREET ADDRESS	4567 MERCEDES AVENUE
CITY-ST-ZIP	PT SALERNO, FL 34997

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05/30/06-80007-010 61.25

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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: Gloria McHardy Gloria McHardy, Pres. 5/16/06 772/287-6427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #