

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90038 043 \*\*\*\*70.00

<b>DOCUMENT # N94000006098</b> 1. Entity Name <b>NEW MONROVIA COMMUNITY DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>C/O SYLVIA TAYLOR 5673 S.E. 47TH AVENUE PORT SALERNO, FL 34997</b>			Mailing Address <b>C/O SYLVIA TAYLOR 5673 S.E. 47TH AVENUE -PORT SALERNO, FL 34997</b>		
2. Principal Place of Business - No P.O. Box # <b>5772 S.E. 47th Ave.</b>		3. Mailing Address <b>5772 S.E. 47th Ave.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Port Salerno, FL</b>		City & State <b>Port Salerno, FL</b>		4. FEI Number <b>65-0551284</b>	
Zip <b>34997</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TAYLOR, SYLVIA 5673 SE 47TH AVENUE PT. SALERNO, FL 34997</b>			7. Name and Address of New Registered Agent Name <b>Gloria McHardy</b> Street Address (P.O. Box Number is Not Acceptable) <b>5772 S.E. 47th Ave.</b> City <b>Stuart, FL</b> Zip Code <b>34997</b>		
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 <u><i>Gloria McHardy</i></u> <b>Gloria McHardy</b> <b>March 18, 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S PATTON, ADRIENNE 5771 COLEE AVE STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Chandler Josie 34997 4419 S.E. Hamilton Lane Stuart, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANCY, GAILYA 5744 SE 47TH AVENUE STUART, FL 34997	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Secretary Cheryl Longoria 34997 5754 S.E. 47th Ave. Stuart, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ERNESTINE 5659 S.E. 44TH AVE. PORT SALERNO, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Parliamentarian LaRonda Gray 34997 5653 S.E. Mercedes Ave. Stuart, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCHARDY, GLORIA 5772 SE 47TH AVENUE PORT SALERNO, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, SYLVIA 5673 SE 47TH AVE STUART, FL 34997	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINNIS, LEROY 5772 SE WESLEY AVE STUART, FL 34997	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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><i>Gloria McHardy</i></u> <b>Gloria McHardy</b> <b>March 18, 2008 (772) 287-6327</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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