

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006098

FILED
Mar 26, 2009
Secretary of State

Entity Name: NEW MONROVIA COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

5772 S.E. 47TH AVE
PORT SALERNO, FL 34997

New Principal Place of Business:

5771 S.E. COLEE AVENUE
STUART, FL 34997

Current Mailing Address:

5772 S.E. 47TH AVE
PORT SALERNO, FL 34997

New Mailing Address:

P.O. BOX 1343
PORT SALERNO, FL 34992 US

FEI Number: 65-0551284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCHARDY, GLORIA
5772 S.E. 47TH AVE.
STUART, FL 34997 US

Name and Address of New Registered Agent:

MCHARDY, GLORIA
5772 S.E. 47TH AVENUE
STUART, FL 34997 US

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:

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/S () Delete
Name: PATTON, ADRIENNE
Address: 5771 COLEE AVE
City-St-Zip: STUART, FL 34997

Title: AS () Delete
Name: LONGORIA, CHERYL
Address: 5754 S.E. 47TH AVE.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: CLARK, ERNESTINE
Address: 5659 S.E. 44TH AVE.
City-St-Zip: PORT SALERNO, FL

Title: PD () Delete
Name: MCHARDY, GLORIA
Address: 5772 SE 47TH AVENUE
City-St-Zip: PORT SALERNO, FL 34997

Title: VP () Delete
Name: CHANDLER, JOSIE
Address: 4419 S.E. HAMILTON LANE
City-St-Zip: STUART, FL 34997

Title: P () Delete
Name: GRAY, LARONDA
Address: 5653 S.E. MERCEDES AVE.
City-St-Zip: STUART, FL 34997

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:

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: CHERYL D. LONGORIA

AS

03/26/2009

Electronic Signature of Signing Officer or Director

Date