## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N95000001963 (6)

## SOUTHWEST COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

ANIE TATILLI OTDEET

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



ORLANDO FL 3		4215 TATUM STREET ORLANDO FL 32811-5073						
				3. Date Incorporated or Qualified 04/18/1995	3a. Date of Last Report 08/13/1996			
	ace of Business	2a. Mailing Address	C	4. FEI Number	Applied For			
	Schonk Count	26 4271 Schan	16 Loya	£ 59-3329576	Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	ando, Floreon	City & State  28 Onlando, F	Forsda	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24 <b>3.2</b> 8 /	Country	29 <b>328</b> // 30	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,  Yes PNo			
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent			
5979 VII SUITE 2	JACINTA M NELAND RD. 16 00 FL 32819		82 Street	Address (P.O. Box Number is Not Accepted	FL 85 Zip Code 32 805			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am jacquillar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title If applicable   (NOTE: Registered Agent signature required when refusitating)   DATE								
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12			
TITLE	D	<b>☑</b> DELETE	1.1 TITLE	JOHN HERRING 1010 EXECUTIVE CO	Change Addition of			
NAME	WILKERSON, MILDRED		1.2 NAME	1010 EXECUTEUE CE	witer on, sie 135			
STREET ADDRESS	2609 LAKE SUNSET DRIVE		1.3 STREET ADDRESS	Onlando, Fl. 3280				
CITY-ST-ZIP	ORLANDO FL 32805		1.4 CITY-ST-ZIP	CKIANED, II ZEOU	<u> </u>			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition C			
NAME	SALTER, CHARLES J.		2.2 NAME					
STREET ADDRESS	3464 DOMI-FITE CRT		2.3 STREET ADDRESS	C Cultural 23	9155651			
• CITY-STEZIP	ORLANDO FL		2.4 CITY-ST-ZIP		797 - ninga - ni 1			
TITLE	D	☐ DELETE	3.1 TITLE		1 25 Littling + 1 Addition			
NAME	Bromfield, Maxine		3.2 NAME					
STREET ADDRESS	2104 RAVEHALL ST		3.3 STREET ADDRESS		J			
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP					
TITLE	D	DELETE	4.1 TITLE	man	Change Addition			
NAME	DALEY, VERNIA E.		4. 2 NAME	MAREUN MANSHALL 1224 FRAIZER St ONLYNDO, 19. 32811	<i>?</i> .			
STREET ADDRESS	5158 LETHA ST		4.3 STREET ADDRESS	1224 1222				
CITY-ST-ZIP	ORLANDO FL		4.4 CITY - ST - ZIP	ON14NO, PT- 32811				
TITLE	D	DELETE	5.1 TITLE	SUSTE PHILITPS	Change Addition			
NAME	ROUSE, CHRISTOPHER		5.2 NAME	SUSIE PHILIPS 3316 S. WI/TS (	Samuela '			
STREET ADDRESS	2000 BANTON BLVD.		5.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32811		54 CITY-ST-ZIP	Orlando, Pl. 32	805			
TITLE	D	☐ DELETE	6.1 TITLE		Change Addition			
NAME	SMITH, SHIRLEY		6.2 NAME		- / M), \C\P\! '\			
STREET ADDRESS	4215 TATUM STREET		6.3 STREET ADDRESS		/ <del>//</del> */////////////////////////////////			
CITY-ST-ZIP	ORLANDO FL 32811		6.4 CITY-ST-ZIP		( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
44 Lda harah		with this filing doop not qualify for		lated in Coation 110 07/9/ii) Eterida Statuta	a I forth and artifu that the			

I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attackment with an address.