

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004394

FILED
Sep 04, 2007
Secretary of State

Entity Name: F.T.D. COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

1350 NW 182TH STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1350 NW 182TH STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0688474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, CLEVELAND III
1350 NW 182ST
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, CLEVELAND III
Address: 1350 NW 182ST
City-St-Zip: MIAMI, FL 33054

Title: SD () Delete
Name: ROBERTS, DIANTHA
Address: 1350 NW 182ST
City-St-Zip: MIAMI, FL 33054

Title: TD () Delete
Name: DAVIS, WAYNE
Address: 340 NW 205 TERR
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: JACKSON, NATHANIEL
Address: 2201 NW 153 ST
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: COOPER, ERROL SR
Address: 815 NW 201ST
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: WILLIAMS, LAWTON III
Address: 2201 NW 153 ST
City-St-Zip: MIAMI, FL 33054

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:

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: CLEVELAND E. ROBERTS, III

PD

09/04/2007

Electronic Signature of Signing Officer or Director

Date