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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004588 (7)**

1. Corporation Name

FLORIDA COMMUNITY DEVELOPMENT, INC.



Principal Place of Business	Mailing Address
20 NE 10TH AVE DELRAY BEACH FL 33444	20 NE 10TH AVE DELRAY BEACH FL 33444

3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 25-0695621	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**BANKS, MARGRADY
20 NE 10TH AVE
DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

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 familiar 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Treasurer
NAME	BANKS, MARGRADY	1.2 NAME	Dr. Marye Shelton
STREET ADDRESS	20 NE 10TH AVE	1.3 STREET ADDRESS	3301 NE 23rd Street
CITY-ST-ZIP	DELRAY BEACH FL 33444	1.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33311
TITLE	SD	2.1 TITLE	Members
NAME	HOPKINS, SONJA	2.2 NAME	Dr. Diana L. Smith
STREET ADDRESS	1425 BLAIRBRIDGE RD #402	2.3 STREET ADDRESS	3556 Hickory Nat Street
CITY-ST-ZIP	AUSTELL GA 30001	2.4 CITY-ST-ZIP	Jacksonville, FL 32208
TITLE	TD	3.1 TITLE	Members
NAME	LATTIMER, WALTER	3.2 NAME	Lisa Thompson
STREET ADDRESS	3498 LYNN WOOD DR	3.3 STREET ADDRESS	4043 NW 16th Street
CITY-ST-ZIP	LAKE WORTH FL 33641	3.4 CITY-ST-ZIP	Lauderhill, FL 33313
TITLE		4.1 TITLE	Members
NAME		4.2 NAME	Barbara Harris
STREET ADDRESS		4.3 STREET ADDRESS	2547 Raleigh Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE		5.1 TITLE	Members
NAME		5.2 NAME	Gwendolyn Robinson Leno
STREET ADDRESS		5.3 STREET ADDRESS	4349 N.W. 37th Terrace
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lauderdale Lakes, Florida 33309
TITLE		6.1 TITLE	Members
NAME		6.2 NAME	Scott Hall
STREET ADDRESS		6.3 STREET ADDRESS	9425 Carbondale DR. E
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32208

14. I do hereby 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 attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
Margrady Banks 3-26-97 561-278-7775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076018

CR2E037 (9/96)