

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005261

FILED
May 27, 2004
Secretary of State

Entity Name: THE CARROLL COMMUNITY DEVELOPMENT ASSOCIATION, INC.

Current Principal Place of Business:

2810 CHATSWORTH LANE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6189
LAKELAND, FL 338076189

New Mailing Address:

FEI Number: 59-3405617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUART, JANET M
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801 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: VP () Delete
Name: WATSON, NONI
Address: 6221 LYN MAR DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: S () Delete
Name: AUTRY, DONNA S
Address: 2810 CHATSWORTH LANE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: MATHEWS, RANDY
Address: 502 DON EL STREET
City-St-Zip: LAKELAND, FL 33813

Title: P () Delete
Name: GILLIARD, LINDA
Address: 4125 ROLLING GROVE PL
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: WILLERS, ELIZABETH
Address: 5110 LAKE-IN-THE-WOODS BLVD.
City-St-Zip: LAKELAND, FL 33818

Title: T () Delete
Name: INDERBITZEN, CARY
Address: 5401 PENINSULAR DR
City-St-Zip: LAKELAND, FL 33813

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:

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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 for the exemption stated in Section 119.07(3)(i), 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: DONNA S. SUTRY

S

05/27/2004

Electronic Signature of Signing Officer or Director

Date