


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000005442**

1. Entity Name  
**NARANJA PRINCETON COMMUNITY DEVELOPMENT CORPORATION**



Principal Place of Business <b>12789 SW 280TH STREET          NARANJA, FL 33032 US</b>	Mailing Address <b>12789 SW 280TH STREET          NARANJA, FL 33032 US</b>
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**DO NOT WRITE IN THIS SPACE**



06112004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>31-1533092</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCKINNON, CHARLES  
 12789 SW 280TH STREET  
 PRINCETON, FL 33032**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *C. J. McKinnon* DATE: *6/19/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000162796  
 06/23/04-80001-002 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HARRIS, SALLIE 26620 SW 138TH AVE NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRILLO, MARJORIE 26620 SW 122TH PLACE MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MCKINNON, CHARLES 8600 SW 212TH ST, #304 MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARIT, CRAIG 13264 SW 255TH TERRACE NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DIANE 26227 SW 139TH CT NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORROW, PAUL 13495 SW 280TH STREET NARANJA, FL 33032

**DO NOT WRITE IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. J. McKinnon* DATE: *6/19/04* DAYTIME PHONE #: *(305) 258-4800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR