


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000005442**

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



Principal Place of Business 12789 SW 280TH STREET NARANJA, FL 33032 US	Mailing Address 12789 SW 280TH STREET NARANJA, FL 33032 US
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03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1533092	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 260TH STREET NARANJA, FL 33032

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 05/04/05-80124-011 70.00

**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. F. McKinnon* **3/17/05 (305) 258-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #