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FILED

Apr 02 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005756 (9)

1. Corporation Name

F.E.C.D. COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

800 VIRGINIA AVENUE  
SUITE 23-C  
FT. PIERCE FL 34904

800 VIRGINIA AVENUE  
SUITE 23-C  
FT. PIERCE FL 34904



3. Date Incorporated or Qualified

11/07/1996

4. FEI Number

65-0704757

Applied For

Not Applicable

2. Principal Place of Business

21 800 Virginia Ave

Suite, Apt. #, etc.

22 STE. 23-E

City & State

23 Ft. Pierce, FL

Zip

24 34982

Country

25 USA

2a. Mailing Address

26 800 Virginia Ave.

Suite, Apt. #, etc.

27 Suite 23E

City & State

28 Ft. Pierce, FL

Zip

29 34982

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

HOGAN, DAVE JR.  
800 VIRGINIA AVENUE  
SUITE 23-E  
FT. PIERCE FL 34904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 *Steve Hogan*

(NOTE: Registered Agent signature required when reinstating)

03-31-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
HOGAN, DAVE JR.  
301 ESSEX DRIVE  
FT. PIERCE FL 34902

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD  
ROBERTS, CLEVELAND E JR.  
1540 N.W. 203RD STREET  
MIAMI FL 33169

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD  
GUY, FELIX E  
1480 WEST 29TH STREET  
RIVIERA BEACH FL 33404

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
WILLIAMS, WOODROE SR.  
3420 S.W. 1ST COURT  
FT. LAUDERDALE FL 33312

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Secretary  
ELVIS BRAD L  
P.O. Box 470872-14531 NW 13th Ct.  
Miami, FL 33247  
33167

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Board member  
Roberts, Cleveland E. Jr  
1540 N.W. 203rd St.  
Miami, FL 33169

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: *Steve Hogan*

03-31-98

(601) 464-4146

CR2E037 (10/97)