

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

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000000649**

**1. Entity Name**  
**AMETHYST COMMUNITY DEVELOPMENT, INC.**



**Principal Place of Business**  
4940 NW 18 ST.  
LAUDERHILL, FL 33313

**Mailing Address**  
4940 NW 18 ST.  
LAUDERHILL, FL 33313



01232004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
65-0724145

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MATTHEWS, DOROTHY  
4940 NW 18 ST.  
LAUDERHILL, FL 33313

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	MATTHEWS, DOROTHY
<b>STREET ADDRESS</b>	4940 NW 18 ST.
<b>CITY-ST-ZIP</b>	LAUDERHILL, FL 33313
<b>TITLE</b>	DS
<b>NAME</b>	JENKINS, DARLEEN
<b>STREET ADDRESS</b>	5812 BLUEBERRY CT.
<b>CITY-ST-ZIP</b>	LAUDERHILL, FL 33313
<b>TITLE</b>	DT
<b>NAME</b>	GREEN, ANGELA
<b>STREET ADDRESS</b>	1324 NW 4 AVE.
<b>CITY-ST-ZIP</b>	FT. LAUDERDALE, FL 33311
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U000000150438  
05/04/04-80008-004 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04  
Date

Daytime Phone #