

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90448 049 ****61.25

DOCUMENT # 97000000986

1. Entity Name

FLORIDA NATIONAL COMMUNITY DEVELOPMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2701 W. Oakland Pk Bldg

3. Mailing Address

P.O. Box 101240

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0731318

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33311

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Trimm, Dr. N. Cindy

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

2701 W. Oakland Park Blvd #305

City

Fort Lauderdale

FL

Zip Code

33311

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.

SIGNATURE

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

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

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Trimm, Dr. N. Cindy
STREET ADDRESS 2701 W. Oakland PK Blvd #305
CITY-ST-ZIP Fort Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME Leahey, Debbie
STREET ADDRESS 5312 NE 6th Ave. #D20
CITY-ST-ZIP Fort Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME Duncombe, Wendy
STREET ADDRESS 2701 W. Oakland Pk Blvd. #305
CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Hanna, Dr. Harrington
STREET ADDRESS 2251 N. Federal Hwy.
CITY-ST-ZIP Pompano Bch, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Jackson, Monica
STREET ADDRESS 2060 NW 48th Terr. #203
CITY-ST-ZIP Lauderhill, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Nethersole, Keith
STREET ADDRESS 16681 SW 1st Street
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dr. N. Cindy Trimm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. N. Cindy Trimm

April 24, 2002 954-667-6333

Date

Daytime Phone #

CR2E037B (12/01)