2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N97000000986

Entity Name: FLORIDA NATIONAL COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

2701 W. OAKLAND PK BLVD
305
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

P.O BOX 101240
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0731318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIMM, N C DR
2701 W. OAKLAND PARK BLVD #305
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	TRIMM, CINDY	
Address:	2701 W. OAKLAND PARK BLVD 305	
City-St-Zip:	FORT LAUDERDALE, FL 33311	
Title:	TD	( ) Delete
Name:	LEAKEY, DEBBIE	
Address:	28 RAILWAY TRAIL	
City-St-Zip:	DEVONSHIRE, FL DVO5	
Title:	SD	( ) Delete
Name:	DUNCOMBE, WENDY	
Address:	2701 W. OAKLAND PARK BLVD	
City-St-Zip:	FORT LAUDERDALE, FL 33311	
Title:	D	( ) Delete
Name:	NETHERSOL, KEITH	
Address:	8362 PINES BLVD 289	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:	D	( ) Delete
Name:	HANNA, HARLINGTON DR	
Address:	2251 N. FEDERAL HIGHWAY	
City-St-Zip:	POMPANO BEACH, FL 33060	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. N. CINDY TRIMM P 04/30/2004

Electronic Signature of Signing Officer or Director — Date