

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90004 038 ****61.25

DOCUMENT # N97000000986

1. Entity Name
FLORIDA NATIONAL COMMUNITY DEVELOPMENT, INC.



Principal Place of Business
**2701 W. OAKLAND PK BLVD
305
FORT LAUDERDALE, FL 33311**

Mailing Address
**P.O. BOX 101240
FORT LAUDERDALE, FL 33311**



2. Principal Place of Business
2700 W Atlantic Blvd.

3. Mailing Address
P.O. Box 101240

05122005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
65-0731318

Applied For
Not Applicable

Zip
33069

Country
USA

Zip
33310

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Everlyn Martin

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

16230 SW 100th Terrace

City
Miami

FL Zip Code
33197

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 **Everlyn Martin**

5/10/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TRIMM, CINDY
STREET ADDRESS 2701 W. OAKLAND PARK BLVD 305
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE TD ☒ Delete
NAME LEAKEY, DEBBIE
STREET ADDRESS 28 RAILWAY TRAIL
CITY-ST-ZIP DEVONSHIRE, FL DVO5

TITLE SD ☐ Delete
NAME DUNCOMBE, WENDY
STREET ADDRESS 2701 W. OAKLAND PARK BLVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE D ☐ Delete
NAME NETHERSOL, KEITH
STREET ADDRESS 8362 PINES BLVD 289
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE D ☐ Delete
NAME HANNA, HARLINGTON DR
STREET ADDRESS 2251 N. FEDERAL HIGHWAY
CITY-ST-ZIP POMPAÑO BEACH, FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME N.Cindy Trimm
STREET ADDRESS 2700 W Atlantic Blvd # 204
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE SD ☒ Change ☐ Addition
NAME Wendy Williams
STREET ADDRESS 2700 W Atlantic Blvd #204
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE D ☐ Change ☒ Addition
NAME Freda Trimm
STREET ADDRESS 6 Dunscombe Lane Northshore
CITY-ST-ZIP Pembroke, Bermuda HM07

TITLE D ☐ Change ☒ Addition
NAME Everlyn Martin
STREET ADDRESS 16230 SW 100th Terrace
CITY-ST-ZIP Miami, FL 33197

TITLE D ☐ Change ☒ Addition
NAME Derrick Flood
STREET ADDRESS 6 Dunscombe Lane Northshore
CITY-ST-ZIP Pembroke, Bermuda HM07

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Wendy Williams

5/10/05

(954) 933-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #