

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000986

FILED
May 03, 2006
Secretary of State

Entity Name: FLORIDA NATIONAL COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

2700 W. ATLANTIC BLVD
SUITE204
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

PO BOX 101240
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 65-0731318 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARTIN, EVERLYN
16230 SW 100TH TERRACE
MIAMI, FL 33197 US

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: P () Delete
Name: TRIMM, N. CINDY
Address: 2700 W. ATLANTIC BLVD, # 204
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD () Delete
Name: WILLIAMS, WENDY
Address: 2700 W. ATLANTIC BLVD # 204
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: TRIMM, FREDA
Address: 6 DUNSCOMBE LANE NORTHSORE
City-St-Zip: PEMBROKE, BERMUDA, HM07

Title: D () Delete
Name: MARTIN, EVERLYN
Address: 16230 SW 100TH TERRACE
City-St-Zip: MIAMI, FL 33197

Title: D () Delete
Name: FLOOD, DERRICK
Address: 6 DUNSCOMBE LANE NORTHSORE
City-St-Zip: PEMBROKE, BERMUDA, HM07

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 Chapter 119, 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: EVERLYN MARTIN

D

05/03/2006

Electronic Signature of Signing Officer or Director

Date