

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90275 047 *****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0731318**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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, N C**
STREET ADDRESS **2700 W. ATLANTIC BLVD.#214**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **TD** ☐ Delete
NAME **LEAKEY, DEBBIE**
STREET ADDRESS **5312 NE 6TH AVE #D20**
CITY-ST-ZIP **FT. LAUDERDALE FL 33445**

TITLE **S** ☒ Delete
NAME **JACKSON, MONICA**
STREET ADDRESS **2060 NW 48TH TERRACE #203**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **SD** ☐ Delete
NAME **DUNCOMBE, WENDY**
STREET ADDRESS **2700 W. ATLANTIC BLVD. #214**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☐ Delete
NAME **NETHERSOLE, KEITH**
STREET ADDRESS **16681 SW 1ST STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Dr. N. Cindy Trimm**
STREET ADDRESS **2701 W. Oakland Park Blvd.#305**
CITY-ST-ZIP **Fort Lauderdale, FL 33311**

TITLE **TD** ☒ Change ☐ Addition
NAME **Leakey, Debbie**
STREET ADDRESS **28 Railway Trail**
CITY-ST-ZIP **Devonshire, DV05 Bermuda**

TITLE **SD** ☒ Change ☐ Addition
NAME **Wendy Duncombe**
STREET ADDRESS **2701 W. Oakland Park Blvd. #305**
CITY-ST-ZIP **Fort Lauderdale, FL 33311**

TITLE **D** ☒ Change ☐ Addition
NAME **Keith Nethersol**
STREET ADDRESS **8362 Pines Blvd. #289**
CITY-ST-ZIP **Pembroke Pines, FL 33024**

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:

SIGNATURE REQUIRED

4/21/3 954 6667-6333

CR2E037 (10/02)