

FILE NOW: FILING FEE IS \$61.25

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**Jul 07 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002157 (2)
 1. Corporation Name
ONE ACCORD COMMUNITY DEVELOPMENT, INC.



Principal Place of Business 3362 N.W. 151 TERRACE OPA-LOCKA FL 33054	Mailing Address 3362 N.W. 151 TERRACE OPA-LOCKA FL 33054
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3. Date Incorporated or Qualified 04/16/1997	
4. FEI Number 66-0750643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**COBBS, ERNEST L
3362 N.W. 151 TERRACE
OPA-LOCKA FL 33054**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COBBS, ERNEST L	
STREET ADDRESS	3362 N.W. 151 TERRACE	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRANT, ZERONIE N	
STREET ADDRESS	8430 EAST DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WASHINGTON-COBBS, ELLA	
STREET ADDRESS	3362 N.W. 151 TERRACE	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERALD, JESSIE	
STREET ADDRESS	410 N.E. 192 STREET	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAYLOR, VERA JOY	
STREET ADDRESS	15700 N.E. 16TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jessie Gerald
4.3 STREET ADDRESS	401 NE 191st Street #101
4.4 CITY-ST-ZIP	Miami, FL 33179
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**75
7.7**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ernest L. Cobbs* 3/31/98 (305)687-1050

CR2E037 (10/97)