


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000002157					
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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/16/1997 4. FEI Number 65-0750643 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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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 City 84 City 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COBBS, ERNEST L 3362 N.W. 151 TERRACE OPA-LOCKA FL 33054	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	"D" JACKIE JONES 18505 NW 39th CT Carol City, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANT, ZERONIE N 8430 EAST DIXIE HIGHWAY MIAMI FL 33054	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	"D" REBECCA INGRAM LEONARD 10730 SW 163rd St Miami, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WASHINGTON-COBBS, ELLA 3362 N.W. 151 TERRACE OPA-LOCKA FL 33054	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	"D" Rebecca Ingram-Leonard 10730 SW 163rd Street Miami, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD, JESSIE 410 N.E. 191ST. STREET #101 MIAMI FL 33179	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	"D" Jackie Jones 18505 NW 39th St Carol City, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAYLOR, VERA JOY 15700 N.E. 16TH AVENUE NORTH MIAMI BEACH FL 33162	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

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TALLAHASSEE, FLORIDA

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