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**Jun 04, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000002574**

1. Corporation Name

**MEMP DAVIS & ASSOCIATES COMMUNITY DEVELOPMENT CO  
RPRORATION**

Principal Place of Business

9496 N.W. 39TH STREET  
SUNRISE FL 33351

Mailing Address

9496 N.W. 39TH STREET  
SUNRISE FL 33351



2. Principal Place of Business

21 9496 N.W. 39th St

Suite, Apt. #, etc.

22 N/A

City & State

23 Sunrise, FL

Zip

24 33351

Country

2a. Mailing Address

26 9496 N.W. 39th St

Suite, Apt. #, etc.

27 N/A

City & State

28 Sunrise, Florida

Zip

29 33351

Country

30

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

NOT APPLICABLE

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DAVIS, PATRICIA ANN  
3037 N. OAKLAND FOREST DRIVE  
OAKLAND PARK FL 33309

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME SPEARS, ADINA  
STREET ADDRESS 7450 N.W. 51ST STREET  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☐ DELETE

NAME O'DONNELL, MICHAEL F  
STREET ADDRESS 5604 LIME HILL ROAD  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☐ DELETE

NAME SPEARS, MOSES  
STREET ADDRESS 7450 N.W. 51ST STREET  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE D ☐ DELETE

NAME JOHNSON, DEBRA  
STREET ADDRESS 6135 NW 167TH STREET, E27  
CITY-ST-ZIP MIAMI FL 33015

TITLE S ☐ DELETE

NAME RIDLEY, BETTY  
STREET ADDRESS 747 S.W. 5TH STREET  
CITY-ST-ZIP DANIA FL 33004

TITLE T ☐ DELETE

NAME RIDLEY, BETTY  
STREET ADDRESS 747 S.W. 5TH STREET  
CITY-ST-ZIP DANIA FL 33004

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition

1.2 NAME Millard Davis Jr  
1.3 STREET ADDRESS 1407 - 46th St West  
1.4 CITY-ST-ZIP B'Ham, AL 35208

2.1 TITLE Director ☒ Change ☐ Addition

2.2 NAME Michael L. Davis  
2.3 STREET ADDRESS 940 Redwood Lane  
2.4 CITY-ST-ZIP B'Ham, AL

3.1 TITLE Director ☒ Change ☐ Addition

3.2 NAME Ramsey G. Davis  
3.3 STREET ADDRESS 348 Sunbrook Ave  
3.4 CITY-ST-ZIP Birmingham, AL 35215

4.1 TITLE Director ☒ Change ☐ Addition

4.2 NAME Evann Marshall  
4.3 STREET ADDRESS 1641 Knockfield Lane  
4.4 CITY-ST-ZIP B'Ham, AL 35214

5.1 TITLE Secretary ☒ Change ☐ Addition

5.2 NAME Frances Davis  
5.3 STREET ADDRESS 1407 - 46th St West  
5.4 CITY-ST-ZIP B'Ham, AL 35208

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME Ella M. Davis  
6.3 STREET ADDRESS 1407 - 46th St West  
6.4 CITY-ST-ZIP B'Ham, AL 35208

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 *Patricia Davis* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/99 954-467-9156  
Date Daytime Phone #

CR2E037 (11/98)

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