	ON OR BEFORE 09/30/98: \$61.25 (IF DISSOL	VED, MINIMUM AMOUNT D				APPROVEL	
	ONPROFIT RPORATION	(Sc) .		ENT OF STATE		AND FILFO	MATE
l .	UAL REPORT	**************************************	ra B. Mo retary of			p p keyy Jone 1997	
	1998	DIVISION	OF COR	PORATIONS	i	98 NOV 10 PM 5: 02	
DOCUMENT # N9700003318 (9)		SECRETARY OF STATE TALLAHASSEE. FLORIDA	
MULTICULTURAL COMMUNITY DEVELOPMENT CENTER				R, INC.		s indicide der best ender meist abert abert satel balen einen eine steel hart even	
Principal Plac	ce of Business	Mailing Address					
4725 NW 5TH AVENUE 4725 NW 51		4725 NW 5TH AVENU	F		}	3. Date Incorporated or Qualified	–
		POMPANO BEACH FL	i. 33064			06/06/1997	
	į				4. FEI Number Applied For Not Applicable	le	
21 4725	Place of Business 5 NW 5+h Ave		054	h Ave		5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt	.#, etc.	Suite, Apt. #, etc.	1)/n			6. Election Campaign Financing. Trust Fund Contribution Added to Fees	
City & Sta	te can izch til	City & State	o Be	16 7-i		7. Is this nonprofit corporation a homeowners association?	
23 (1/1) / /	Country	28 10m pan		Country		8. This corporation owes or has paid the current year intangible	\dashv
24 33C	9. Name and Address of Current I	29 33064	30	<u>us</u>		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	4
81 Name							_
REED, CHRISTOPHER E				82 Street	Address	(P.O. Box Number is Not Acceptable)	-
4725 NW 5TH AVENUE POMPANO BEACH FL 33064			83				\dashv
TONE AND DEPOTTE COOK				84 City		85 Zip Code	\dashv
11. Pursuant i	to the provisions of sections 617.0502 an	d 617.1508. Florida Statu	ites the a	above-named cor	moration	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				IOTE: Registered Agent signature required when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(2/38)
TITLE	PD CHRISTOPHED F	DELETE	7	,1 TITLE		Change Addition	n (3)
NAME STREET ADDRESS	REED, CHRISTOPHER E 4725 NW 5TH AVENUE		;	.2 NAME .3 STREET ADDRESS		2000026875821 -11/13/9301098002	037
CITY-ST-ZIP	POMPANO BEACH FL 33064		· · · · ·	.4 CITY-ST-ZIP		*****61.25 *****61.25	CR2E037
TITLE NAME	VD THOMPSON, YVONNE	DELETE	1	.1 TITLE .2 NAME	يون ا	Spary Dange Addition	, °
STREET ADDRESS	l			.3 STREET ADDRESS	!n	13 Riverside Or #1	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312			A CITY-ST-ZIP	F	t. Lauderdale FL 33312	_
TITLE NAME	SD DUNLAP, YVONNE	DELETE	Ť.	.1 TITLE .2 NAME		Change Addition	וי
	\		[3 STREET ADORESS			1
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		:	4 CITY-ST-ZIP			╛
TITLE NAME	TD	DELETE	t	1 TITLE 2 NAME	V C	ADPresident Change Addition	1
	CLARK, CHERELLE 420 NW 18TH AVENUE		[3 STREET ADDRESS	Ulat	rk, Sherelle Nw 18th Ave	-
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		4.	4 CITY-ST-ZIP	FF	· Lauderdale Fl 33311	_
TITLE	D	DELETE		1 TITLE	Wi	Trans Alisa Change Addition	1
	WILLIAMS, MARTIN 1913 RIVERSIDE DRIVE		1	2 NAME 3 STREET ADDRESS	191	3 Riverside Drive	
1	FORT LAUDERDALE FL 33312		[4 CITY-ST-ZIP	F1.	Lauderdale, #L 33312	_
TITLE	D WATOON OURDLEY	DELETE	1	1 TITLE		☐ Change ☐ Addition	1
	Watson, Shirley 372 NW 3RD Street		!	2 NAME 3 STREET ADDRESS		Walling -	-
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		6.4	4 CITY-ST-ZIP		B. III	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(0). 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/							
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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date							
			1				1