


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91256 035 ****61.25

DOCUMENT # N97000003983	
1. Entity Name COMMUNITY DEVELOPMENT CORPORATION OF LEESBURG & VICINITY	

Principal Place of Business 311 PINE ST LEESBURG, FL 32748 US	Mailing Address 311 PINE ST LEESBURG, FL 32748 US
---	---



2. Principal Place of Business 314 S. Canal Street Suite, Apt. #, etc.	3. Mailing Address 314 S. Canal Street Suite, Apt. #, etc.
---	---

04222004 Chg-NP CR2E037 (10/03)

City & State Leesburg, FL	City & State Leesburg, FL	4. FEI Number 59-3455505	Applied For <input type="checkbox"/> Not Applicable
Zip 34748	Country US	Zip 34748	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

CHRISTIAN, JOHN H II
311 PINE ST
LEESBURG, FL 34748

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 _____ DATE **4/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	C LEE, LEROY W 311 PINE STREET LEESBURG, FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BEAN, VANESSA 311 PINE STREET LEESBURG, FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T URBAN, ANITA 311 PINE STREET LEESBURG, FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMUEL, CAROLYN 311 PINE STREET LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIBLACK, MARCUS 311 PINE STREET LEESBURG, FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, DWIGHT 311 PINE STREET LEESBURG, FL 34748 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bean, Vanessa 314 S. Canal St, Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Leroy W. Lee 314 S. Canal St., Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Vanessa Bean **VANESSA BEAN, Chairman** Date **4/26/04** (352) 314 8868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR