

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90008 017 \*\*\*\*61.25

**DOCUMENT # N97000004158**

1. Corporation Name

**AF & S COMMUNITY DEVELOPMENT, INC.**

Principal Place of Business

1341 W 27TH  
RIVIERA BEACH FL 33404

Mailing Address

1341 W 27TH  
RIVIERA BEACH FL 33404

6 18623-90008-17 3 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/23/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8.75 Additional Fee Required	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

FULWOOD, BETTY  
1341 W 27TH  
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name **RENARD PRICE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1341 - W 27th St**  
83  
84 City **RIVIERA BEACH FL** 85 Zip Code **33404**

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 **Betty Bennett Fulwood** DATE **9/13/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULWOOD, BETTY	1.2 NAME	
STREET ADDRESS	1341 W 27TH	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	1.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, RENEL	2.2 NAME	
STREET ADDRESS	1341 W 27TH	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, PAMELA	3.2 NAME	
STREET ADDRESS	1341 W 27TH	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Betty Bennett Fulwood** DATE **9/13/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)