

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-19-2002 90259 007 ****70.00

DOCUMENT # N97000004275

1. Entity Name

**FIRST BAPTIST CHURCH COMMUNITY DEVELOPMENT CORPO
 RATION**

Principal Place of Business

Mailing Address

135 W. 12TH STREET
 RIVIERA BEACH FL 33404

135 W. 12TH STREET
 RIVIERA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1023792

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALTIDOR, ELEONORE
 135 WEST 12TH STREET
 RIVIERA BEACH FL 33404**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ALTIDOR, HOLMER	
STREET ADDRESS	135 W. 12TH ST.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, LUCKSON	
STREET ADDRESS	3894 NOKOMIS AVE.	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUIVERSON, CHRISTIANE	
STREET ADDRESS	3894 NOKOMIS AVE.	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTIDOR, LOUISMER	
STREET ADDRESS	7919 EXECUTIVE PLAZA, #1	
CITY-ST-ZIP	W. PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: SIGNATURE REQUIRED

Holmer Altidor 5618409623
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR