

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 11, 2003 8:00 am
Secretary of State

07-30-2003 90072 006 ****70.00

DOCUMENT # N97000004275

1. Entity Name

**FIRST BAPTIST CHURCH COMMUNITY DEVELOPMENT CORPO
RATION**



Principal Place of Business

**135 W. 12TH STREET
RIVIERA BEACH FL 33404**

Mailing Address

**135 W. 12TH STREET
RIVIERA BEACH FL 33404**

33030003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1023792**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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

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: *Eleonore Altidor* 09-08-03

CR2E037 (10/02)