2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 14, 2007 08:00 AN Secretary of State DOCUMENT # N97000005613 1. Entity Name DEVELOPING COMMUNITIES TODAY FOR TOMORROW. INC. Principal Place of Business Mailing Address 1083 BENNETT ROAD 1083 BENNETT ROAD FORT PIERCE FL 34947 US FORT PIERCE FL 34947 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt, #, etc 2nd MOORE CR2E037 (4/07) City & State City & State 4. FEI Number Applied For 31-1594544 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUCKER, MARIAN E 1083 BENNETT ROAD Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 34947 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By September 5, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 的影響。一個問題 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE ☐ Delete TITLE Change Addition TUCKER, MORRIS E NAME NAME STREET ADDRESS 1083 BENNETT ROAD STREET ADDRESS U00000766325 FORT PIERCE FL 34947 CITY-ST-ZIP CITY-ST-7/P 06/14/07-80003-004 70.00 ۷D MILE Defete MILE Change TUCKER, CEDRIC NAME NAME STREET ADDRESS 1083 BENNETT RD STREET ADDRESS FT. PIERCE FL 34947 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE Addition NAME VANCE, KATHRYN NAME STREET ADDRESS 1083 BENNETT RD-STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL 34947 CITY-ST-ZIP TD TITLE ☐ Delete TITLE Change Addition NAME TUCKER, MIRIAM NAME STREET ADDRESS 1083 BENNETT RD. STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL 34947 CITY-ST-ZIP DILLE Delete THUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

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and 10 -10.

(-10-07-201-43

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