

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90056 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N98000001517

1. Corporation Name

NEW ST. PETER MISSIONARY COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business

3131 NW 213 STREET
CAROL CITY FL 33056

Mailing Address

3131 NW 213 STREET
CAROL CITY FL 33056


2. Principal Place of Business 21 Same	2a. Mailing Address 26 Same	3. Date Incorporated or Qualified 03/16/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
30		

9. Name and Address of Current Registered Agent

DENNISON, ERIC JR (D)
3131 NW 213 STREET
CAROL CITY FL 33056

10. Name and Address of New Registered Agent

81 Name	Same
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Eric Dennison JR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer (D)	1.2 NAME	
STREET ADDRESS	2921 NW 57 St	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33142	1.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bro. Hubert Jones (D)	2.2 NAME	
STREET ADDRESS	81200 NW 89 Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33056	2.4 CITY-ST-ZIP	
TITLE	Financial Secretary <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katherine Dennison (D)	3.2 NAME	
STREET ADDRESS	3131 NW 213 St	3.3 STREET ADDRESS	
CITY-ST-ZIP	Carol City FL 33056	3.4 CITY-ST-ZIP	
TITLE	Member <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Stewart (D)	4.2 NAME	
STREET ADDRESS	20581 NW 84 Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33056	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)