

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N98000001517

1. Entity 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

FILED
Aug 19, 2004 08:00 AM
Secretary of State



08122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0923500

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DENNISON, ERIC SR
3131 NW 213 STREET
CAROL CITY, FL 33056

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IN THIS SPACE

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 re-registering)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TD
DENNISON, ERIC JR
2921 NW 57 ST
MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SD
JONES, HUBERT
21220 NW 29TH AVE
OPA LOCKA, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
FSD
DENNISON, KATHERINE
3131 NW 213 ST
CAROL CITY, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MD
STEWART, GEORGE
20531 NW 34 AVE
MIAMI, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000170434
08/19/04-80003-012 70.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #