


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90001 032 ****75.00

DOCUMENT # N98000001517 1. Entity Name NEW ST. PETER MISSIONARY COMMUNITY DEVELOPMENT CORPORATION, INC.	
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Principal Place of Business 3131 NW 213 STREET CAROL CITY, FL 33056	Mailing Address 3131 NW 213 STREET CAROL CITY, FL 33056
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40130130



02172007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0923500	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DENNISON, ERIC SR 3131 NW 213 STREET CAROL CITY, FL 33056
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DENNISON, ERIC JR 2921 NW 57 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JONES, HUBERT 21220 NW 29TH AVE OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FSD DENNISON, KATHERINE 3131 NW 213 ST CAROL CITY, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD STEWART, GEORGE 20531 NW 34 AVE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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.

SIGNATURE: <u>Eric M. Dennison Sr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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