2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002304

FILED Mar 31, 2009 Secretary of State

Entity Name: NEW COMMUNITY DEVELOPMENT GROUP, INC.

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
1124 BROA RIVIERA B	ADWAY BEACH, FL 33	404			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1124 BROADWAY UNIT					
	BEACH, FL 33	404			
FEI Number:	65-0639778	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
WRICE, LORRIE 12689 51ST COURT NORTH ROYAL PALM BEACH, FL 33411 US					
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.					
SIGNATURE:					
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WHITE, STEVE 1661 ESSEX L		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VARNER, EST 301 WILMA CI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILLIAMS, EL 1551 40TH ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WRICE, LORR 12689 51ST C		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOONE, VERO 1529 44TH ST		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRIE WRICE T 03/31/2009