2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# N98000003452

Entity Name: ROGER BABSON COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

1520 ROGER BABSON RD
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1520 ROGER BABSON RD
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3518639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKINS, J. EVER
1520 ROGER BABSON RD
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	POLIDORE, SHIRLEY	
Address:	1520 ROGER BABSON RD	
City-St-Zip:	ORLANDO, FL 32808	
Title:	VD	( ) Delete
Name:	BUDHOO, JANICE	
Address:	1520 ROGER BABSON RD	
City-St-Zip:	ORLANDO, FL 32808	
Title:	TD	( ) Delete
Name:	WILKINS, DOROTHY	
Address:	7228 SOMERSWORTH DRIVE	
City-St-Zip:	ORLANDO, FL 32835	
Title:	SD	( ) Delete
Name:	WILLIAMS-BRYAN, NORTELLE J	
Address:	1520 ROGER BABSON RD	
City-St-Zip:	ORLANDO, FL 32808	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: SHIRLEY POLIDORE PD 05/01/2004

Electronic Signature of Signing Officer or Director — Date