

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005417

FILED
Apr 06, 2005
Secretary of State

Entity Name: B M J COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

520 NW 165TH ST RD
#112
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

520 NW 165TH ST RD
#112
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0863849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGLE, CURT
198 NW 78TH STREET
MIAMI, FL 33150 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: P () Delete
Name: BOGLE, CURT
Address: 198 NW 79 STREET
City-St-Zip: MIAMI, FL 33150

Title: V () Delete
Name: STEWART, NICOLE
Address: 10921 LAKEVIEW DR S
City-St-Zip: HOLLYWOOD, FL 33026

Title: T () Delete
Name: THOMPSON, JULETTE
Address: 5600 NW 59TH STREET APT 7
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: D () Delete
Name: MOREAU, MARGARET
Address: 3113 SOUTH OCEAN DR UNIT 701
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: JEDWEB, SAM
Address: 3113 SOUTH OCEAN DR UNIT 701
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: QUALIS, THOMAS
Address: 9135 NW 4 AVE
City-St-Zip: MIAMI, FL 33150

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

Title: D (X) Change () Addition
Name: JEDWAB, SAM
Address: 3113 SOUTH OCEAN DR UNIT 701
City-St-Zip: HALLANDALE, FL 33009

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: CURT BOGLE

P

04/06/2005

Electronic Signature of Signing Officer or Director

Date