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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005969

1. Corporation Name

CULTURAL DIVERSITY DEVELOPMENT COUNCIL, INC.

Principal Place of Business

1050 W. THOMAS ST.
AVON PARK FL 33825

Mailing Address

P.O. BOX 7082
AVON PARK FL 33825

5 7 8 8 2 1
 578021 - 90004 - 2



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1104 W. Pleasant St	26	10/19/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0924781
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 AVON PARK, FL	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	Trust Fund Contribution
24 33825 25 USA	29	30

9. Name and Address of Current Registered Agent

RESENDA, YESENIA
 1050 W. THOMAS ST.
 AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MORRIS III	1.2 NAME	
STREET ADDRESS	1181 LAKE LOTELA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, KARLA R	2.2 NAME	
STREET ADDRESS	127 REEDY CREEK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33843	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINKLE, JAMES T SR.	3.2 NAME	
STREET ADDRESS	213 LONGVIEW RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
 Date

(941)452-0101
 Daytime Phone #

CR2E037 (1/98)