

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001409

FILED  
Jun 14, 2006  
Secretary of State

**Entity Name:** CENTER FOR URBAN LEADERSHIP AND COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

P.O. BOX 550146  
ORLANDO, FL 32855

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 550146  
ORLANDO, FL 328550146

**New Mailing Address:**

**FEI Number:** 59-3563963      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CURRY, LARRY  
5266 N OBT  
101  
ORLANDO, FL 32810 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: DC ( ) Delete  
Name: OUTING, DAVID L  
Address: 633 SAGO LANE  
City-St-Zip: ORLANDO, FL 32811

Title: DF ( ) Delete  
Name: CURRY, LARRY  
Address: 5266 N OBT APT. 101  
City-St-Zip: ORLANDO, FL 32810

Title: DIR ( ) Delete  
Name: CURRY, DEMONDRA  
Address: 5266 N OBT APT. 101  
City-St-Zip: ORLANDO, FL 32810

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY CURRY

DIR

06/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date