2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
07-13-2005 90020 026 ****61.25

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1. Entity Name
THE CAROL CITY COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
1 SE 3RD AVENUE, #2100 MIAMI, FL 33131	1 SE 3RD AVENUE, #2100 MIAMI, FL 33131

07072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0934754
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNSON, ANTHONY
1 SE 3RD AVENUE, #2100
MIAMI, FL 33131

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, THOMAS H JR
STREET ADDRESS	150 W FLAGLER ST., STE. 1450
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	PT
NAME	BRUNSON, ANTHONY
STREET ADDRESS	1 SOUTHEAST 3RD AVE., STE. 2100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	WILLIAMS, THOMASINA
STREET ADDRESS	80 SW 8TH STREET, SUITE 1830
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D
NAME	DUFFIE, ALBERT
STREET ADDRESS	1 SE 3RD AVENUE, #2100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	COLSON, DEAN
STREET ADDRESS	1 SE 3RD AVENUE, #2100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	GARVIN, THOMAS
STREET ADDRESS	1 SE 3RD AVENUE, #2100
CITY-ST-ZIP	MIAMI, FL 33131

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/2/05 3053741524
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON/OFFICER OR DIRECTOR — Date — Daytime Phone #

Anthony Brunson, PT