

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000003588

1. Entity Name
RAYMOND OWENS COMMUNITY DEVELOPMENT, INC.



Principal Place of Business
**340 S.W. 14TH ST.
DEERFIELD BEACH, FL 33442**

Mailing Address
**PO BOX 593
DEERFIELD BEACH, FL 33441**



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0531961** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OWENS, RAYMOND JR.
340 S.W. 14TH ST.
DEERFIELD BEACH, FL 33442**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

**000000406887
02/07/06-80110-003 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OWENS, RAYMOND JR.
STREET ADDRESS 340 S.W. 14TH ST.
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE TD
NAME OWENS, SHUMIE
STREET ADDRESS 340 S.W. 14TH ST.
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE SD
NAME LORRAINE, LILIAN
STREET ADDRESS 340 S.W. 14TH ST.
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Raymond Owens Jr.* **RAYMOND OWENS JR.** 1/20/06 904) 421 5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #