

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**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**



02092007 No Chg-NP CR2E037 (4/06)

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when renating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/09/07-80025-003 61.25

**DO NOT WRITE  
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. 3/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #