

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004517

FILED
May 02, 2007
Secretary of State

Entity Name: R.M. LEE COMMUNITY DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

900 N. SEACREST BLVD.
BOYNTON BCH, FL 33435

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 370
BOYNTON BEACH, FL 33425

New Mailing Address:

FEI Number: 65-0937804 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

EDMONDS, ALEXANDER JR.
6084 STRAWBERRY LAKE CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

CHRISTOPHER, PLUMMER
150 KINGS WAY
ROYAL PALM BEACH, FL 33411 US

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: CHRISTOPHER PLUMMER

05/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLDON, JIM
Address: 879 WINDTREE WAY
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: CHANEY, LANCE
Address: 238 BIRCH STREET
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Delete
Name: WATSON, LARRY
Address: 23 VALENCIA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: EDMONDS, ALEXANDER JR
Address: 6084 STRAWBERRY LAKES CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: HEATH, EARL
Address: 126 N. 6TH AVE.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: ODOM, YVONNE
Address: 3905 LOWSON BLVD.
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FRANCES, FRANCES
Address: 900 SEACREST BOULEVARD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JIM BOLDON

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date