

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006116

FILED
Apr 19, 2005
Secretary of State

Entity Name: CENTRAL CITY COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

1703 N TAMPA ST., #4
TAMPA, FL 33602

New Principal Place of Business:

202 EAST 7TH AVENUE
TAMPA, FL 33602

Current Mailing Address:

PO BOX 172477
TAMPA, FL 33672

New Mailing Address:

FEI Number: 59-3605358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, DAVID
2826 N. CENTRAL AVENUE
TAMPA, FL 33602 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: PD () Delete
Name: STEWART, JONI C
Address: 310 E. OAK AVENUE
City-St-Zip: TAMPA, FL 33602

Title: VPD () Delete
Name: DUHIG, JOHN
Address: 1603 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH (X) Change () Addition
Name: STEWART, JONI C
Address: 310 E. OAK AVENUE
City-St-Zip: TAMPA, FL 33602

Title: V CH (X) Change () Addition
Name: HAPNER, ELIZABETH
Address: 304 PLANT AVENUE
City-St-Zip: TAMPA, FL 33601

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID FOSTER

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date