

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90024 013 \*\*\*\*61.25

**DOCUMENT # N99000006116**

1. Entity Name  
**CENTRAL CITY COMMUNITY DEVELOPMENT  
CORPORATION**



Principal Place of Business  
**202 EAST 7TH AVENUE TAMPA, FL 33602**  
Mailing Address  
**2412 N. Tampa St. PO BOX 172477  
TAMPA, FL 33672**



04282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3605358**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FOSTER, DAVID  
2826 N. CENTRAL AVENUE  
TAMPA, FL 33602**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH STEWART, JONI C 310 E. OAK AVENUE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CH HARNER, ELIZABETH 204 PLANT AVENUE TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC VERONICA KNIGHT 2704. N. HIGHLAND AVE TPA, FL. 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPS. JOSEPH ROBINSON 1621 E. MULBERRY DRIVE TAMPA, FL. 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *David Foster, President/CEO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4.28.08*

Date

*813-227-8727*

Daytime Phone #