



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000006116 1. Entity Name CENTRAL CITY COMMUNITY DEVELOPMENT CORPORATION						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 DEC 17 AM 8:01	
Principal Place of Business 262 EAST 7TH AVENUE 2612 N. TAMPA ST TAMPA, FL 33602				Mailing Address PO BOX 172477 2826 N. CENTRAL AVE TAMPA, FL 33672 TAMPA, FLA 33602			
2. Principal Place of Business - No P.O. Box # 2612 N. TAMPA ST Suite, Apt. #, etc.		3. Mailing Address 2826 N. CENTRAL AVE Suite, Apt. #, etc.		4. FEI Number 59-3605358		Applied For <input type="checkbox"/> Not Applicable	
City & State TAMPA, FLORIDA Zip 33602		City & State TAMPA, FLA Zip 33602		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		12152008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent FOSTER, DAVID 2826 N. CENTRAL AVENUE TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH STEWART, JONI C 310 E. OAK AVENUE TAMPA, FL 33602 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600139105126 12/17/08--01038--004 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCH REDDICK, FRANK P.O. BOX 310364 TAMPA, FL 33680 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNIGHT, VERONICA 2704 N. HIGHLAND AVE TAMPA, FL 33603 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Sec MS. J. R. WILSON 12410 THONOTO SSA Rd. THONOTOSSA, FLA 33592 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, JOSEPH 1621 E. MILL BERRY DRIVE TAMPA, FL 33604 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EILEEN OBRIEN 3111 W. DR. MLK BLVD. TAMPA, FLA 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT DAVID FOSTER 2826 N. CENTRAL AVE TAMPA, FLA 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>David Foster, President</u>				12.15.08		813-545-2725	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	