

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006116

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** CENTRAL CITY COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

2612 N. TAMPA ST.  
TAMPA, FL 33602

**New Principal Place of Business:**

2826 N. CENTRAL AVENUE  
TAMPA, FL 33602

**Current Mailing Address:**

2612 N. TAMPA ST.  
TAMPA, FL 33602

**New Mailing Address:**

2826 N. CENTRAL AVENUE  
TAMPA, FL 33602

**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: CH ( ) Delete  
Name: STEWART, JONI C  
Address: 310 E. OAK AVENUE  
City-St-Zip: TAMPA, FL 33602

Title: VCH ( ) Delete  
Name: REDDICK, FRANK  
Address: P.O. BOX 310364  
City-St-Zip: TAMPA, FL 33680

Title: SD ( ) Delete  
Name: WILSON, J R MS  
Address: 12410 THONOTOSA RD.  
City-St-Zip: THONOTOSA, FL 33592

Title: D ( ) Delete  
Name: O'BRIEN, EILEEN  
Address: 3111 W. DR. MLK BLVD.  
City-St-Zip: TAMPA, FL 33607

Title: P ( ) Delete  
Name: FOSTER, DAVID  
Address: 2826 N. CENTRAL AVE  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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: DAVID FOSTER

DIRE

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date