

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2005 08:00 AM  
Secretary of State

|  |   |                           |   |   |  |
|--|---|---------------------------|---|---|--|
| <b>DOCUMENT # N99000007620</b>   |   |                           |   |   |  |
| <b>1. Entity Name</b><br>BOYNTON BEACH FAITH BASED COMMUNITY DEVELOPMENT CORPORATION   |   |                           |   |   |  |
| <b>Principal Place of Business</b><br>2191 N. SEACREST BLVD.<br>BOYNTON BEACH, FL 33435 US   |   |                           | <b>Mailing Address</b><br>P O BOX 337<br>BOYNTON BCH, FL 33435 US |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.       |   | 01282005 Chg-NP CR2E037 (10/03)   |  |
| City & State   |   | City & State              |   | <b>4. FEI Number</b><br>NOT APPLICABLE  |  |
| Zip  |   | Country                   |   | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |                           |   | <b>7. Name and Address of New Registered Agent</b>  |  |
| BAKER, EVERLENE<br>550 NW 9TH AVE<br>BOYNTON BEACH, FL 33435   |   |                           |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |
| <b>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.</b>   |   |                           |   | FL Zip Code   |  |
| <b>SIGNATURE</b> <i>Everlene Baker</i>   |   |                           |   | DATE <i>2-4-05</i>  |  |
| Filing Fee is \$61.25 Due by May 1, 2005 <input checked="" type="checkbox"/>   |   |                           |   | <b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| Make check payable to Florida Department of State  |   |                           |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>CAIN, COURTNEY<br>1900 NE 2ND LANE<br>BOYNTON BCH, FL 33435     |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>DAVIS, DORTHY<br>2021 BANYAH LANE<br>WEST PALM BEACH, FL 33415  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BAKER, EVERLENE<br>550 NW 9TH AVENUE<br>BOYNTON BEACH, FL 33435  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MCDONALD, JOSEPHUS<br>556 NW 10TH AVE<br>BOYNTON BEACH, FL 33435 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JOHNSON, MARGARET<br>623 NW 5TH ST<br>BOYNTON BEACH, FL 33435    |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b> |   |                           |   |   |  |
| <b>SIGNATURE:</b> <i>Courtney Cain</i> <i>2/7/05</i>   |   |                           |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |                           |   |   |  |