2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# N99000007620

Entity Name: BOYNTON BEACH FAITH BASED COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

2191 N. SEACREST BLVD.
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 337
BOYNTON BCH, FL 334325 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, EVERLENE
550 NW 9TH AVE
BOYNTON BEACH, FL 33435 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: DP ( ) Delete
Name: CAIN, COURTNEY
Address: 2812 SW GIRALDA ST.
City-St-Zip: PORT ST. LUCIE, FL 334953

Title: D ( ) Delete
Name: CARLENE, JACKSON E
Address: 237 NE 13 AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete
Name: BAKER, EVERLENE
Address: 550 NW 9TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete
Name: MCDONALD, JOSEPHUS
Address: 556 NW 10TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete
Name: JOHNSON, MARGARET
Address: 623 NW 5TH ST
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete
Name: MILLER, STEVEN E
Address: 27 A CROSSING CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33435

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: COURNEY CAIN DP 03/28/2007
Electronic Signature of Signing Officer or Director — Date