2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P02000004508

Entity Name: COMMUNITY FUND OF NORTH MIAMI-DADE, INC.

Current Principal Place of Business:

490 OPA-LOCKA BLVD., STE. 20
OPA-LOCKA, FL 330543563

New Principal Place of Business:

Current Mailing Address:

490 OPA-LOCKA BLVD., STE. 20
OPA-LOCKA, FL 330543563

New Mailing Address:

FEI Number: 41-2025826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOGAN, WILLIE
490 OPA-LOCKA BLVD., STE. 20
OPA-LOCKA, FL 330543563 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEMBERTON, DAVE
Address: 2520 NW 156 ST
City-St-Zip: OPA LOCKA, FL 33054

Title: V ( ) Delete
Name: LOGAN, WILLIE
Address: 490 OPA-LOCKA BLVD., STE. 20
City-St-Zip: OPA-LOCKA, FL 330543563

Title: S ( ) Delete
Name: WILLIAMS-BALDWIN, STEPHENIE
Address: 490 OPA-LOCKA BLVD., STE. 20
City-St-Zip: OPA-LOCKA, FL 330543563

Title: T ( ) Delete
Name: MARTIN, MICHAEL
Address: 6418 NW 82 AVE
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete
Name: COWINS, BILL
Address: 2204 ALI BABA AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete
Name: BARRY-SMITH, MARCIA
Address: 8201 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL 333211

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE WILLIAMS-BALDWIN S 05/01/2006

Electronic Signature of Signing Officer or Director — Date