

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000054940

FILED
Apr 30, 2003
Secretary of State

Entity Name: COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

3813 N. NEBRASKA AVE.
TAMPA, FL 336035015 US

New Principal Place of Business:

Current Mailing Address:

POB 22791
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 59-3325555 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEEKS, MICHAEL D
3813 N. NEBRASKA AVE.
TAMPA, FL 33603 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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HILLS, TRAVIS E
Address: 3813 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

Title: VTD (X) Delete
Name: LEEKS, MICHAEL D
Address: 3813 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: LEEKS, MICHAEL D
Address: 3813 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

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 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 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: MICHAEL D. LEEKS

PTSD

04/30/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date