

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N02000004543

**Entity Name:** NEW URBAN COMMUNITY DEVELOPMENT CORPORATION, INC.

**FILED  
Dec 11, 2015  
Secretary of State  
CC7284406518**

**Current Principal Place of Business:**

1301 HENRIETTA AVE  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

1700 NORTH AUSTRALIAN AVENUE  
WEST PALM BEACH, FL 33407

**FEI Number: 02-0620273**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

URBAN LEAGUE OF PALM BEACH COUNTY, INC.  
1700 NORTH AUSTRALIAN AVENUE  
WEST PALM BEACH, FL 33407 US

*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

**Officer/Director Detail :**

Title SD  
Name BULLARD, ART  
Address 1700 N AUSTRALIAN AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

Title BD  
Name BUSH, EDITH  
Address 1700 N AUSTRALIAN AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

Title BC  
Name GOPIE, LON  
Address 1700 N AUSTRALIAN AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

*I hereby 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 all other like empowered.*

**SIGNATURE: LON GOPIE** \_\_\_\_\_

**BC**

**12/11/2015**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date