

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004644

FILED
Aug 31, 2016
Secretary of State
CC2309688105

Entity Name: ST. PAUL COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

3680 THOMAS AVENUE
MIAMI, FL 33133

Current Mailing Address:

3680 THOMAS AVENUE
MIAMI, FL 33133

FEI Number: 27-0020882

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, JUANITA
3510 FROW AVENUE
MIAMI, FL 33133 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 P
Name HODGE, CLAYTON LSR.
Address 3680 THOMAS AVENUE
City-State-Zip: MIAMI FL 33133

Title VP
Name JORDAN, BARBARA
Address 3680 THOMAS AVENUE
City-State-Zip: MIAMI FL 33133

Title TD
Name SMITH, JUANITA
Address 3510 FROW AVENUE
City-State-Zip: MIAMI FL 33133

Title D
Name CHAPMAN, BENNIE
Address 3360 FLORIDA AVENUE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name JENNINGS, MILES C
Address 3125 MUNDY STREET
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name GIBSON, SHIRELY
Address P.O. BOX 33-0251
City-State-Zip: MIAMI FL 33233

Title DIRECTOR
Name ALFIERI, ANTHONY V ESQ.
Address P.O. BOX 248087
City-State-Zip: CORAL GABLES FL 33124-8087

Title DIRECTOR
Name EVANS, PORPOISE ESQ.
Address 283 CATALONIA AVENUE SUITE 200
City-State-Zip: CORAL GABLES FL 33134

Continues on page 2

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: BENNIE CHAPMAN

DIRECTOR

08/31/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name INGRAHAM, JIMMIE
Address 3421 DAY AVENUE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name MCKINNEY, JUANITA
Address 8500 SW 109 AVENUE-105
City-State-Zip: MIAMI FL 33173

Title DIRECTOR
Name JENKINS, MELANIE
Address 3359 OAK AVENUE
City-State-Zip: MIAMI FL 33133