2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2021
Secretary of State
4629409595CC

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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:

ROBINSON, NATHANIEL III
3680 THOMAS 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: NATHANIEL ROBINSON III 01/12/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	ROBINSON , NATHANIEL III
Address	3680 THOMAS AVENUE
City-State-Zip:	MIAMI FL 33133

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

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

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

Title	DIRECTOR
Name	COPELAND, CHARLTON C. ESQ.
Address	1311 MILLER DR.
City-State-Zip:	CORAL GABLES FL

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

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

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

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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: NATHANIEL ROBINSON III PRESIDENT/CEO 01/12/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CHAMBERS, JOAN
Address	3642 THOMAS AVENUE
City-State-Zip:	MIAMI FL 33133