2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000004644

Entity Name: ST. PAUL COMMUNITY DEVELOPMENT CORPORATION

FILED
Jul 10, 2024
Secretary of State
0035164413CC

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:

MOISE, EDDY PRESIDENT 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: EDDY MOISE 07/10/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name MOISE, EDDY Name COPELAND, CHARLTON C. ESQ.

Address 3680 THOMAS AVENUE Address 1311 MILLER DR.

City-State-Zip: MIAMI FL 33133 City-State-Zip: CORAL GABLES FL

Title DIRECTOR Title DIRECTOR

 Name
 CHAPMAN, BENNIE
 Name
 GIBSON, SHIRELY

 Address
 3360 FLORIDA AVENUE
 Address
 P.O. BOX 33-0251

 City-State-Zip:
 MIAMI FL 33133
 City-State-Zip:
 MIAMI FL 33233

Title DIRECTOR Title DIRECTOR

Name ALFIERI, ANTHONY V ESQ. Name EVANS, PORPOISE ESQ.

Address P.O. BOX 248087 Address 283 CATALONIA AVENUE SUITE 200

City-State-Zip: CORAL GABLES FL 33124-8087 City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR Title DIRECTOR

NameINGRAHAM, JIMMIENameJENKINS, MELANIEAddress3421 DAY AVENUEAddress3359 OAK AVENUECity-State-Zip:MIAMI FL 33133City-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: EDDY MOISE PRESIDENT 07/10/2024

Electronic Signature of Signing Officer/Director Detail

Date

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name CHAMBERS, JOAN

Address 3642 THOMAS AVENUE

City-State-Zip: MIAMI FL 33133