

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003393

Entity Name: LDM COMMUNITY DEVELOPMENT CORP.**Current Principal Place of Business:**3377 JIM LEE RD
TALLAHASSEE, FL 32301**Current Mailing Address:**13480 MIDDLEFIELD ROAD
TALLAHASSEE, FL 32309**FEI Number:** 20-8765223**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WATKINS, LORENZO III
13480 MIDDLEFIELD RD
TALLAHASSEE, FL 32301 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	PD
Name	WATKINS, LORENZO III
Address	13480 MIDDLEFIELD RD
City-State-Zip:	TALLAHASSEE FL 32309

Title	SD
Name	ANGUS, BRENTON
Address	2377 FOSTER COURT
City-State-Zip:	TALLAHASSEE FL 32303

Title	VP
Name	WATKINS, PHYLLIS
Address	13480 MIDDLEFIELD ROAD
City-State-Zip:	TALLAHASSEE FL 32309

Title	S
Name	BURRIS, JENENE
Address	6408 COUNT TURF TRAIL
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	JONES, TIMOTHY
Address	478 PINEY WOODS RD
City-State-Zip:	MONTICELLO FL 32344

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: LORENZO WATKINS III

PD

05/29/2019

Electronic Signature of Signing Officer/Director Detail_____
Date