

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

DOCUMENT# N99000007620

**FILED**  
**Feb 06, 2015**  
**Secretary of State**  
**CC4982639659**

**Entity Name:** BOYNTON BEACH FAITH BASED COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

2191 N. SEACREST BLVD.  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

P O BOX 337  
BOYNTON BCH, FL 33435 US

**FEI Number: 65-0971509**

**Certificate of Status Desired: No**

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

JOSEPH, KETURAH  
846 GAZETTA WAY  
WEST PALM BEACH, FL 33413 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            PRESIDENT  
Name            CAIN, COURTNEY  
Address        2812 SW GIRALDA ST.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title            TREASURER  
Name            CARLENE, JACKSON E  
Address        237 NE 13 AVENUE  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            BAKER, EVERLENE  
Address        550 NW 9TH AVENUE  
City-State-Zip: BOYNTON BEACH FL 33435

Title            VP  
Name            EDMONDS, ALEXANDER  
Address        611 NW 4TH STREET  
City-State-Zip: BOYNTON BEACH FL 33435

Title            SECRETARY  
Name            JOHNSON, MARGARET  
Address        623 NW 5TH ST  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            HUBERT, MC INTOSH E  
Address        7549 COLONY PALM DRIVE  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            HEATH, EARL  
Address        126 NW 6TH AVENUE  
City-State-Zip: BOYNTON BEACH FL 33435

*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: COURTNEY CAIN**

**PRESIDENT**

**02/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date