

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000245

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: FIRST STOP COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

927 W. MAIN STREET  
AVON PARK, FL 33825 US

**New Principal Place of Business:**

**Current Mailing Address:**

927 W. MAIN STREET  
AVON PARK, FL 33825 US

**New Mailing Address:**

P.O. BOX 2032  
SEBRING, FL 33870 US

FEI Number: 01-0761385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BATES, LORETTA D  
927 W. MAIN STREET  
AVON PARK, FL 33825 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SPENCER, ROBERT  
Address: 878 S. JEAN AVENUE  
City-St-Zip: AVON PARK, FL 33825 US

Title: D ( ) Delete  
Name: SAYLES, WILLIAM  
Address: 740 MUSTANG AVENUE  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: D ( ) Delete  
Name: COLEY, WALTER  
Address: 2416 W. HAMPTON ROAD  
City-St-Zip: AVON PARK, FL 33825 US

Title: D ( ) Delete  
Name: BOATWRIGHT, ALFONZO  
Address: 1216 CAROLINA AVENUE  
City-St-Zip: AVON PARK, FL 33825 US

Title: D ( ) Delete  
Name: MURPHY, HERBERT  
Address: 4521 LEUCADENDRA DRIVE  
City-St-Zip: SEBRING, FL 33871 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOUIS BATES

P

04/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date