

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2008
Secretary of State**

DOCUMENT# N05000004862

Entity Name: CENTURY COMMUNITY DEVELOPMENT PARTNERSHIP INC

Current Principal Place of Business:

700 EAST HECKER ROAD
SUITE 104
CENTURY, FL 32535

New Principal Place of Business:

Current Mailing Address:

700 EAST HECKER ROAD
SUITE 104
CENTURY, FL 32535

New Mailing Address:

FEI Number: 20-2831589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALLWORTH, IRVIN B
700 EAST HECKER ROAD
CENTURY, FL 32535 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: P () Delete
Name: STALLWORTH, IRVIN
Address: 700 EAST HECKER ROAD
City-St-Zip: CENTURY, FL 32535 US

Title: V () Delete
Name: HAVEN, LA-VONNE
Address: 1814 CREIGHTON ROAD
City-St-Zip: PENSACOLA, FL 32504 US

Title: V () Delete
Name: CURRY, CLAUDIA
Address: 3190 N. 10TH AVE
City-St-Zip: PENSACOLA, FL 32503 US

Title: V () Delete
Name: CRAWFORD, PAT
Address: 11000 UNIVERSITY PARKWAY
City-St-Zip: PENSACOLA, FL 32514 US

Title: V () Delete
Name: PITTMAN, HOSEA
Address: 6500 BELLVIEW PINES PLACE
City-St-Zip: PENSACOLA, FL 32526 US

Title: V () Delete
Name: STRAUGHN, SUE
Address: 4990 MOBILE HIGHWAY
City-St-Zip: PENSACOLA, FL 32505 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: IRVIN B. STALLWORTH

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date