

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# N04000007783

Entity Name: FLORIDA ALLIANCE OF COMMUNITY DEVELOPMENT CORPORATIONS, INC.

Current Principal Place of Business:

510 A 24TH ST
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

510 A 24TH ST
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 77-0648353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHESTER, GERALD
510 A 24TH ST
WEST PALM BEACH, FL 33407 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: MURRAY, TERRI
Address: 510 A 24TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP () Delete
Name: MICKENS, MAURICE
Address: 1012 PENNSYLVANIA AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: S () Delete
Name: GARCIA, JULIAN
Address: 14013 N. 22ND STREET, SUITE A
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: SANDERS, WILLIAM
Address: 400 W. ATLANTIC AVENUE, SUITE 200
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: MICKENS, MAURICE
Address: 1012 PENNSYLVANIA AVENUE
City-St-Zip: CLEARWATER, FL 33755

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

Title: T (X) Change () Addition
Name: SANDERS, WILLIAM
Address: 400 W. ATLANTIC AVENUE, SUITE 200
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Change (X) Addition
Name: SHANK, ARDEN
Address: 181 NE 82ND STREET
City-St-Zip: MIAMI, FL 33138

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: WILLIAM SANDERS

T

01/05/2005

Electronic Signature of Signing Officer or Director

Date