

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007783

FILED
Apr 16, 2008
Secretary of State

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

Current Principal Place of Business:

10 WEST ADAMS ST
SUITE 100
JACKSONVILLE, FL 32202

New Principal Place of Business:

126 WEST ADAMS ST
SUITE 601
JACKSONVILLE, FL 32202

Current Mailing Address:

10 WEST ADAMS ST
SUITE 100
JACKSONVILLE, FL 32202

New Mailing Address:

126 WEST ADAMS ST
SUITE 601
JACKSONVILLE, FL 32202

FEI Number: 20-1848987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESTER, GERALD
847 ORANGE AVE
DAYTONA BEACH, FL 32115 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: V () Delete
Name: HORVATH, DANIEL
Address: 302 NORTH BARCELONA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: S () Delete
Name: SUZANNE, WEISS
Address: PO BOX 1238
City-St-Zip: FT. LAUDERDALE, FL 33302

Title: T () Delete
Name: SANDERS, WILLIAM
Address: 401 W. ATLANTIC AVENUE, SUITE #016
City-St-Zip: DELRAY BEACH, FL 33444

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

Title: D () Delete
Name: PAULINE, RONALD
Address: 3101 N. MAIN ST
City-St-Zip: JACKSONVILLE, FL 32206

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: D (X) Change () Addition
Name: TIWARI, ANEASH
Address: P.O. BOX 5582
City-St-Zip: OCALA, FL 34478

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: MS TERRI MURRAY

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date