2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90292 015 ****61.25

DOCUMENT # N99000006613

1. Entity Name

THE COMMUNITY DEVELOPMENT ASSOCIATION OF ST. PET

Principal Place of Business	Mailing Address
P.O. BOX 13126 ST. PETERSBURG FL 33733-3126	P.O. BOX 13126 ST. PETERSBURG FL 33733-3126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3606615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUTLIFF, YATE K 501 1ST AVENUE, NORTH, SUITE 507 ST. PETERSBURG FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AQUIL, ASKIA M 1640 MARTIN LUTHER KING STREET S. ST. PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Rodney Bennett 6586 60th Ave S. St. Petersburg FL 33705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, ROBERT L P.O. BOX 14468 ST. PETERSBURG FL 33733-4468	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARPENTER, ALONZA P.O. BOX 17033 ST. PETERSBURG FL 33733-7033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUTLIFF, YATE K 501 1ST AVENUE NORTH, SUITE 507 ST. PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FILLYAU, ERNEST L SR 2366 7TH AVENUE SOUTH ST. PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KETTLER, CLAYTON 2401 17TH STREET SOUTH ST. PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yate K. Cutliff Yate K. Cutliff 4/28/00 727 898-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #