## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007783

Entity Name: FLORIDA ALLIANCE OF COMMUNITY DEVELOPMENT

CORPORATIONS, INC.

**Current Principal Place of Business:** 

126 WEST ADAMS ST

SUITE 601

JACKSONVILLE, FL 32202

**Current Mailing Address:** 

126 WEST ADAMS ST SUITE 601

JACKSONVILLE, FL 32202 US

FEI Number: 20-1848987 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHESTER, GERALD 847 ORANGE AVE

DAYTONA BEACH, FL 32115 US

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** 

126 WEST ADAMS ST. SUITE 601

Date

FILED Apr 22, 2019

Secretary of State

8745131052CC

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name COMBS, SARAH KATHARINE Name HAMER, JANET RHODES

Address UNIVERSITY AREA CDC Address 520 OCEAN DUNES RD. 14013 NORTH 22ND ST. 1

10 11011111 22110 01.

City-State-Zip: TAMPA FL 33613 City-State-Zip: DAYTONA BEACH FL 32118

Title EXECUTIVE DIRECTOR Title DIRECTOR

Name CHELIKOWSKY, THERESA MARIE Name MURRAY, TERRI LEE

Address FLORIDA ALLIANCE OF COMMUNITY Address NEIGHBORHOOD RENAISSANCE

DEVELOPMENT CORPORATIONS, 510 24TH ST. #A

INC. City-State-Zip: WEST PALM BEACH FL 33407

City-State-Zip: JACKSONVILLE FL 32202 Title TREASURER

Title DIRECTOR Name MURPHY, SUSAN MARIE

Name LOGAN, WILLIE FRANK Address 3295 CRAWFORDVILLE HWY.

SUITE 4

Address 490 OPA-LOCKA BLVD City-State-Zip: CRAWFORDVILLE FL 32327

City-State-Zip: OPA-LOCKA FL 33054 Title DIRECTOR

Title SECRETARY Name SCANLAN, DEBORAH ANN

Name PONZILLO, STEPHEN PATRICK Address 1600 MLK JR. STREET, SOUTH

Address 1907 E. HILLSBOROUGH AVE. City-State-Zip: ST. PETERSBURG FL 33701

SUITE 100

City-State-Zip: TAMPA FL 33610 Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: THERESA M. CHELIKOWSKY EXECUTIVE DIRECTOR 04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name COOKS, ERIKA SERENE

Address 3677 CENTRAL AVE.

SUITE F

City-State-Zip: FT. MYERS FL 33901

Title VP

Name HARRIS, CHARLES JAMES

Address 411 N. MAIN ST.

SUITE 210

City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR

Name ANDERSON-RUDD, PAMELA ANTOINETTE

Address 3711 TAMPA RD.

#103

City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR

Name CRAWFORD, JEROME CLYDE

Address 3103 NORTH MAIN ST.

City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR

Name SIMMONS, CANDICE NICOLE

Address 800 N. MAGNOLIA AVE.

700

City-State-Zip: ORLANDO FL 32803

Title DIRECTOR

Name FELLOWS, MARY CLAIRE

Address 3615 W SPRUCE ST. City-State-Zip: TAMPA FL 33604

Title DIRECTOR

Name JONES, IRIS CLARK

Address 815 COLORADO AVE.

SUITE 330

City-State-Zip: STUART FL 34994

Title DIRECTOR

Name CHARLES, LYNDA

Address 2001 W. BLUE HERON BLVD.

City-State-Zip: RIVIERA BEACH FL 33404

Title DIRECTOR

Name LAZAR, BILL NORMAN

Address 525 WEST KING ST.

City-State-Zip: ST. AUGUSTINE FL 32085