

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007783

FILED
Jun 17, 2020
Secretary of State
6756817791CC

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

Date

Officer/Director Detail :

Title DIRECTOR
Name COMBS, SARAH KATHARINE
Address UNIVERSITY AREA CDC
14013 NORTH 22ND ST.
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name HAMER, JANET RHODES
Address 520 OCEAN DUNES RD.
1
City-State-Zip: DAYTONA BEACH FL 32118

Title EXECUTIVE DIRECTOR
Name CHELIKOWSKY, THERESA MARIE
Address FLORIDA ALLIANCE OF COMMUNITY
DEVELOPMENT CORPORATIONS,
INC.
126 WEST ADAMS ST. SUITE 601
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MURRAY, TERRI LEE
Address NEIGHBORHOOD RENAISSANCE
510 24TH ST. #A
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name LOGAN, WILLIE FRANK
Address 490 OPA-LOCKA BLVD
SUITE 20
City-State-Zip: OPA-LOCKA FL 33054

Title TREASURER
Name MURPHY, SUSAN MARIE
Address 3295 CRAWFORDVILLE HWY.
SUITE 4
City-State-Zip: CRAWFORDVILLE FL 32327

Title SECRETARY
Name PONZILLO, STEPHEN PATRICK
Address 1907 E. HILLSBOROUGH AVE.
SUITE 100
City-State-Zip: TAMPA FL 33610

Title DIRECTOR
Name COOKS, ERIKA SERENE
Address 3677 CENTRAL AVE.
SUITE F
City-State-Zip: FT. MYERS FL 33901

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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

06/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 CRAWFORD, JEROME CLYDE
Address 3103 NORTH MAIN ST.
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name MEAGHER, ROBERT
Address 20 PORTO MAR
703
City-State-Zip: PALM COAST FL 32137

Title VC
Name HARRIS, CHARLES JAMES
Address 411 N. MAIN ST.
SUITE 210
City-State-Zip: GAINESVILLE FL 32601

Title CHAIRMAN
Name CHARLES, LYNDA
Address 2001 W. BLUE HERON BLVD.
City-State-Zip: RIVIERA BEACH FL 33404

Title DIRECTOR
Name SIMMONS, CANDICE NICOLE
Address 800 N. MAGNOLIA AVE.
700
City-State-Zip: ORLANDO FL 32803