

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007783

**FILED
Apr 20, 2018
Secretary of State
CC2365087197**

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: PRESIDENT
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: TD BANK
1060 WEST INTERNATIONAL
SPEEDWAY BLVD MCFL3-066
City-State-Zip: DAYTONA BEACH FL 32114

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: JENKINS, VALERIE CHESTER-
HENDRIEX
Address: WELLS FARGO
1 INDEPENDENT DR. 10TH FLOOR
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: VP
Name: DEESE, BONNYE ERIKA
Address: 690 NE 13TH STREET
SUITE 104
City-State-Zip: FORT LAUDERDALE FL 33304

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

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

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 CHELIKOWSKY

EXECUTIVE DIRECTOR

04/20/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name BEST, TOBY
Address 1140 S. GROVE ST.
City-State-Zip: EUSTIS FL 32726

Title TREASURER
Name SCANLAN, DEBORAH ANN
Address 1600 MLK JR. STREET, SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

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