## 2016 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:

Address

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

**TREASURER** VC Title Title

BARRY, KATHARINE SNOWDEN Name Name JOEY, HENDERSON EDWARD

Address HOMES, INC. Address FLORIDA HOME PARTNERSHIP 201 14TH AVE., S.E. SUITE H

690 NE 13TH ST. SUITE 102

City-State-Zip: FT. LAUDERDALE FL 33304 City-State-Zip: RUSKIN FL 33570

Title CHAIRMAN Title DIRECTOR

MURPHY, SUSAN MARIE Name COMBS, SARAH KATHARINE Name

Address COMMUNITY TRAINING WORKS Address UNIVERSITY AREA CDC

3295 CRAWFORDVILLE HWY. SUITE 4 14013 NORTH 22ND ST.

City-State-Zip: **TAMPA FL 33613** 

City-State-Zip: CRAWFORDVILLE FL 32327

Title **SECRETARY** Name CHELIKOWSKY, THERESA MARIE

HAMER, JANET RHODES Name Address FLORIDA ALLIANCE OF COMMUNITY

Address TD BANK DEVELOPMENT CORPORATIONS,

1060 WEST INTERNATIONAL

SPEEDWAY BLVD MCFL3-066 126 WEST ADAMS ST. SUITE 601

Title

Title

City-State-Zip: DAYTONA BEACH FL 32114 JACKSONVILLE FL 32202 City-State-Zip:

Title **DIRECTOR DIRECTOR** 

Name NAZWORTH, SHANNON LEE Name RODRIGUEZ, RAMON LUIS

> ABILITY HOUSING OF NE FLORIDA **REGIONS BANK** Address 76 S. LAURA ST. SUITE 303

2800 PONCE DE LEON BLVD

JACKSONVILLE FL 32202 CORAL GABLES FL 33134 City-State-Zip: City-State-Zip:

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**EXECUTIVE DIRECTOR** 

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.

04/06/2016 SIGNATURE: THERESA CHELIKOWSKY EXECUTIVE DIRECTOR

**FILED** Apr 06, 2016 Secretary of State CC4378156787

## Officer/Director Detail Continued:

Title DIRECTOR

Name JENKINS, VALERIE CHESTER-HENDRIEX

Address WELLS FARGO

1 INDEPENDENT DR. 10TH FLOOR

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR

Name GAY, KEVIN THOMAS
Address OPERATION NEW HOPE

1830 N. MAIN ST.

City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR

Name MURRAY, TERRI LEE

Address NEIGHBORHOOD RENAISSANCE

510 24TH ST. #A

City-State-Zip: WEST PALM BEACH FL 33407