


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

|   |  |   |  |
|---|--|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b>   |  |  FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # <b>F95000000962 (9)</b><br>1. Corporation Name<br><b>ALABAMA COMMUNITY DEVELOPMENT CORPORATION</b>   |  |   |  |
| Principal Place of Business<br><b>3 OFFICE PARK CIRCLE SUITE 300<br/>BIRMINGHAM AL 35223</b>  |  | Mailing Address<br><b>3 OFFICE PARK CIRCLE SUITE 300<br/>BIRMINGHAM AL 35223-2558</b>   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29  |  |
| 3. Date Incorporated or Qualified<br><b>02/27/1995</b>  |  | 3a. Date of Last Report<br><b>02/21/1996</b>  |  |
| 4. FEI Number<br><b>63-0853890</b>  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |
| 9. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code                                     |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.   |  |   |  |
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DP</b><br><b>ROEHRIG, DIANE D</b><br><b>3 OFFICE PARK CIRCLE, SUITE 300</b><br><b>MOUNTAIN BROOK AL 35223</b>       | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VD</b><br><b>IFILL, ORVILLE E</b><br><b>721 N 21ST ST., ROOM 205</b><br><b>BIRMINGHAM AL 35203</b>                  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>TD</b><br><b>DORAN, PAUL</b><br><b>2801 CARSON RD., GEORGE WALLACE HALL #211</b><br><b>BIRMINGHAM AL 35215-3098</b> | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br><b>FISHER, DOUG</b><br><b>1412 6TH AVE., SE</b><br><b>DECATUR AL 35601</b>                                 | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br><b>CLAY, TIMOTHY B</b><br><b>107 CANDLELIGHT LANE</b><br><b>IRONDALE AL 35210</b>                          | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VD</b><br><b>TERRELL, ED</b><br><b>1900 FIFTH AVENUE NORTH</b><br><b>BIRMINGHAM AL 35203</b>                        | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. |  |   |  |
| SIGNATURE: <i>[Signature]</i> <b>4/25/97 8:00 2395909</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076517  |  |   |  |

CR2E037 (9/96)