

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90155 019 \*\*\*\*61.25

0081440

**DOCUMENT # F95000000962**

1. Corporation Name

**ALABAMA COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business

**3 OFFICE PARK CIRCLE SUITE 300  
BIRMINGHAM AL 35223**

Mailing Address

**3 OFFICE PARK CIRCLE SUITE 300  
BIRMINGHAM AL 35223**

482506 - 90155 - 19



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**02/27/1995**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**63-0853890**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

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 **DP** ☐ DELETE  
NAME **ROEHRIG, DIANE D**  
STREET ADDRESS **3 OFFICE PARK CIRCLE, SUITE 300**  
CITY-ST-ZIP **MOUNTAIN BROOK AL 35223**

1.1 TITLE **TD** ☐ Change ☒ Addition  
1.2 NAME **A.V. LARocca**  
1.3 STREET ADDRESS **1829 1ST AVE N. STE 200**  
1.4 CITY-ST-ZIP **BIRMINGHAM, AL 35203**

TITLE **VD** ☐ DELETE  
NAME **IFILL, ORVILLE E**  
STREET ADDRESS **721 N 21ST ST., ROOM 205**  
CITY-ST-ZIP **BIRMINGHAM AL 35203**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **DORAN, PAUL**  
STREET ADDRESS **2601 CARSON RD., GEORGE WALLACE HALL #211**  
CITY-ST-ZIP **BIRMINGHAM AL 35215-3098**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **FISHER, DOUG**  
STREET ADDRESS **1412 6TH AVE., SE**  
CITY-ST-ZIP **DECATUR AL 35601**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **MCDONALD, DIANE**  
STREET ADDRESS **3 OFFICE PARK CIRCLE SUITE 300**  
CITY-ST-ZIP **BIRMINGHAM AL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **TERRELL, ED**  
STREET ADDRESS **1900 FIFTH AVENUE NORTH**  
CITY-ST-ZIP **BIRMINGHAM AL 35203**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)