

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90727 006 ****61.25

DOCUMENT # F95000000962

1. Entity Name

ALABAMA COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

117 S CREST DRIVE
 SUITE 100
 BIRMINGHAM AL 35209-4726
 US

117 S CREST DRIVE
 SUITE 100
 BIRMINGHAM AL 35209-4726
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0853890

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROEHRIG, DIANE D	
STREET ADDRESS	117 S. CREST DRIVE, SUITE 100	
CITY-ST-ZIP	BIRMINGHAM AL 35209-4726	
TITLE	VD	<input type="checkbox"/> Delete
NAME	IFILL, ORVILLE E	
STREET ADDRESS	721 N 21ST ST., ROOM 205	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DORAN, PAUL	
STREET ADDRESS	2601 CARSON RD., GEORGE WALLACE HALL #211	
CITY-ST-ZIP	BIRMINGHAM AL 35215-3098	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAROCCA, A V	
STREET ADDRESS	1829 1ST AVE N STE 200	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	S	<input type="checkbox"/> Delete
NAME	COCORIS, STACY	
STREET ADDRESS	304 19TH ST NORTH	
CITY-ST-ZIP	BESSEMER AL 35020	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TERRELL, ED	
STREET ADDRESS	1900 FIFTH AVENUE NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35203	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DIANE D ROEHRIG
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/08/02

Date

800 239 5909

Daytime Phone #

CR2E037 (9/01)