2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004871

1. Entity Name PAUL A. DIGGS COMMUNITY DEVELOPMENT CORPORATION

FILED

01 MAR -6 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PAUL A. DIGGS GROUP HEADQUARTERS 638 WEST 8TH STREET LAKELAND, FLORIDA 33805	POST OFFICE BOX 854 4375 LAKELAND, FL. 33802)854

DO NOT WRITE IN THIS SPACE

02/0/01 90190 027 70.00

2. Principal Place of Business	3. Mailing Address
638 WEST 8TH STREET	POST OFFICE BOX 854
Suite, Apt. #, etc. PAUL A. DIGGS GROUP HDQRTS	Suite, Apt. #, etc. PADCDC MAILING ADDRESS
City & State LAKELAND, FLORIDA 33805	City & State LAKELAND, FLA. 33802
Zip / Country 33805 4375 / POLK	Zip / Country 33802 / POLK

4. FEI Number 59-3662030 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELIJAH JACKSON JR. 638 WEST 8TH STREET LAKELAND, FLORIDA 33805 4375 POST OFFICE BOX 854 LAKELAND, FLORIDA 33802 0854	Name ELIJAH JACKSON Street Address (P.O. Box Number is Not Acceptable) 1500 WEST HIGHLAND STREET, #L-237 KMMHP City LAKELAND FL Zip Code 33815 4293

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] CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER, 02 20 01
TRUSTEE, DIRECTOR AND OFFICER 02 20 2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 02/20/2001

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D,T,O SONI CONEY FORD GLOVER 1404 MARTIN LUTHER KING LAKELAND, FLORIDA 33805 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C,P,T,S,O,D ☐ Change ☐ Addition ELIAS JACKSON 400 NORTH ASHLEY DRIVE, 2ND FLOOR TAMPA, FLORIDA 33602 4300
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O,D,T ANTIONETTE ANDREWS 1420 NORTH FLORIDA AVENUE LAKELAND, FLORIDA 33805 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C,T,S,O,D, ☐ Change ☐ Addition ELIAS JACKSON 1500 WEST HIGHLAND STREET, #237 LAKELAND, FLORIDA 33815 4293
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O,D, THELMA TRUESDELL 1420 NORTH FLORIDA AVENUE LAKELAND, FLORIDA 33805 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, T,O,D ☐ Change ☐ Addition DELSIA R. JACKSON 1500 WEST HIGHLAND STREET, #237 LAKELAND, FLORIDA 33815 4293
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,T,O,D, ☐ Change ☐ Addition ELIJAH JACKSON, JR. 638 WEST 8TH STREET LAKELAND, FLORIDA 33805 4375
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, T, O, D ☐ Change ☐ Addition ELISABETH JAXCKSON 638 WEST 8TH STREET LAKELAND, FLORIDA 33805 4375
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

LS

CR2E037 (11/00)

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.

02/20/2001 863 616 1840

SIGNATURE: [signature] ELIJAH JACKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02/20/2001 Daytime Phone 813-682-3071