

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000006561****1. Entity Name**
EDWARD WATERS COLLEGE COMMUNITY DEVELOPMENT CORPORATIO
N**Principal Place of Business**
1658 KINGS ROAD
EDWARD WATERS COLLEGE
JACKSONVILLE FL 32209**Mailing Address**
1658 KINGS ROAD
EDWARD WATERS COLLEGE
JACKSONVILLE FL 32209**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
59-3704537Applied 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**MCLEAN JAMES A.P.H.D.
1658 KINGS ROAD

JACKSONVILLE FL
32209

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 JAMES A. MCLEAN****09/12/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	WILLIAMS TYRONNE	101 CENTURY 21 DRIVE, SUITE 122	JACKSONVILLE FL 32216		
D	JENKINS JIMMY P.H.D.	1658 KINGS ROAD	JACKSONVILLE FL 32209		
D	PHILLIPS ROSLYN	220 E. BAY STREET, CITY HALL ANNEX 14TH FL	JACKSONVILLE FL 32202		
D	WILLIAMS RODERICK K	1655 W. 4TH STREET	JACKSONVILLE FL 32209		
D	WILLIAMS CAROLYN P.H.D.	1576 W. 13TH STREET	JACKSONVILLE FL 32209		
D	FEWELL JEANNIE	128 E. FORSYTH STREET, SUITE 700	JACKSONVILLE FL 32202		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carolyn Williams, Ph.D.**

Ms.

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

JAMES A. MCLEAN, PH.D. -- DIRECTOR
1658 KINGS ROAD

JACKSONVILLE, FL 32209