

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004704

FILED
Feb 04, 2003
Secretary of State

Entity Name: ALL FLORIDA COMMUNITY LENDING INC.

Current Principal Place of Business:

1817 NORTH MYRTLE AVENUE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

2513 CHESTNUT SPRINGS LANE
JACKSONVILLE, FL 32246

New Mailing Address:

8787 SOUTHSIDE BLVD. #716
JACKSONVILLE, FL 32256

FEI Number: 81-0557285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASTON, EDWARD A
2513 CHESTNUT SPRINGS LANE
JACKSONVILLE, FL 32246

Name and Address of New Registered Agent:

DOULGAS, LYNNELL
8787 SOUTHSIDE BLVD. #716
JACKSONVILLE, FL 32256

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: LYNNELL DOUGLAS

02/04/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O () Change (X) Addition
Name: DOUGLAS, LYNNELL
Address: 8787 SOUTHSIDE BLVD #716
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Change (X) Addition
Name: COLON, CLARA
Address: 3120 HAMPSTEAD DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Change (X) Addition
Name: FONTANEZ, LYDIA
Address: 1744 CHANDLER COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Change (X) Addition
Name: FULLER, PATRICE
Address: 8138 PARK RIDGE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNELL DOUGLAS

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02/04/2003

Electronic Signature of Signing Officer or Director

Date