

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001451

1. Entity Name
**ALLEN CHAPEL COMMUNITY DEVELOPMENT
CORPORATION**



Principal Place of Business
**1529 SWAN STREET
JACKSONVILLE, FL 32205**

Mailing Address
**PO BOX 23814
JACKSONVILLE, FL 32241-3814**

DO NOT WRITE IN THIS SPACE



02152006 No Chg-NP

CRZE037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, RUFUS L
11510 LAGUNA CT
JACKSONVILLE, FL 32218**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAMBLE, FRANK SR
STREET ADDRESS	5810 HOLLYNOCK
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	V
NAME	CHAPPEL, LOUISE
STREET ADDRESS	PO BOX 23814
CITY-ST-ZIP	JACKSONVILLE, FL 32241
TITLE	S
NAME	SAMPSON, MARVA
STREET ADDRESS	3522 MARLAND STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	T
NAME	MCDOWELL, ERNEST
STREET ADDRESS	5093 FREDRICKSBURG AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/06-80029-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louise L. Chappel **Louise L. Chappel** 15 Feb 2006 (904) 268-0971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #