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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003641

1. Corporation Name

COMMUNITY ALLIANCE DEVELOPMENT CORPORATION, INCORPORATED

Principal Place of Business

1905 DURKEE DRIVE, EAST
JACKSONVILLE FL 32209

Mailing Address

1905 DURKEE DRIVE, EAST
JACKSONVILLE FL 32209



2. Principal Place of Business

21 1336 N. Myrtle Ave.

Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 2307

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/08/1996

4. FEI Number

59-3402902

Applied For

Not Applicable

City & State

23 Jacksonville, Florida

Zip Country

24 32209

25 Duval

City & State

28 Jacksonville, Florida

Zip Country

29 32203-2307

30 Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARRIS, LEE E
1319 N. MYRTLE AVENUE
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HARRIS, LEE E PASTOR
STREET ADDRESS 1319 N. MYRTLE AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

TITLE D
NAME YOUNG, MARION
STREET ADDRESS 1139 W. 8TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

TITLE D
NAME MITCHELL, WAIRTER JUNE
STREET ADDRESS 8711 NEWTON ROAD, APT. 212
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ DELETE

TITLE D
NAME BODDIE, JAMES R REV FAT
STREET ADDRESS 2110 BLUE AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

TITLE D
NAME JENKINS, JIMMIE PH.D.
STREET ADDRESS 1658 KINGS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (1/98)