

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000003641**

1. Entity Name

COMMUNITY ALLIANCE DEVELOPMENT CORPORATION, INCO

Principal Place of Business

Mailing Address

**1336 N. MYRTLE AVE
JACKSONVILLE FL 32209****P.O. BOX 2307
JACKSONVILLE FL 32203-2307**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> Addition
	D	HARRIS, LEE E PASTOR	1319 N. MYRTLE AVENUE	JACKSONVILLE FL 32209	<input type="checkbox"/>					
	D	YOUNG, MARION	1139 W. 8TH STREET	JACKSONVILLE FL 32209	<input type="checkbox"/>					
	D	MITCHELL, WAIRTER JUNE	8711 NEWTON ROAD, APT. 212	JACKSONVILLE FL 32216	<input type="checkbox"/>					
	D	BODDIE, JAMES R REV FAT	2110 BLUE AVENUE	JACKSONVILLE FL 32209	<input type="checkbox"/>					
	D	JENKINS, JIMMIE PH.D.	1658 KINGS ROAD	JACKSONVILLE FL 32209	<input type="checkbox"/>					
				<input type="checkbox"/>						

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #