

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90076 028 \*\*\*\*61.25

**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

4. FEI Number

**59-3402902**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, LEE E**  
**1319 N. MYRTLE AVENUE**  
**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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, LEE E PASTOR</b>	NAME	
STREET ADDRESS	<b>1319 N. MYRTLE AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, MARION</b>	NAME	
STREET ADDRESS	<b>1139 W. 8TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, WAIRTER JUNE</b>	NAME	
STREET ADDRESS	<b>8711 NEWTON ROAD, APT. 212</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BODDIE, JAMES R REV FAT</b>	NAME	
STREET ADDRESS	<b>2110 BLUE AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENKINS, JIMMIE PH.D.</b>	NAME	
STREET ADDRESS	<b>1658 KINGS ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/28/00*  
 Date

Daytime Phone #