

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**  
 03-27-2001 90015 001 \*\*\*\*61.25

**DOCUMENT # N96000003641**

1. Entity Name

**COMMUNITY ALLIANCE DEVELOPMENT CORPORATION, INCO**

Principal Place of Business

1336 N. MYRTLE AVE  
 JACKSONVILLE FL 32209

Mailing Address

P.O. BOX 2307  
 JACKSONVILLE FL 32203-2307

2. Principal Place of Business

1336 N. Myrtle Ave.  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2307  
 Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32209

Country

America

Zip

32209

Country

America

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

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

7. Name and Address of New Registered Agent

Name **Same - No - Changes**

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

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

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 all other like empowered.

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

*March 21, 2001*  
 Date Daytime Phone #

CR2E037 (10/00)