

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003641

FILED
Jun 09, 2004
Secretary of State**Entity Name:** COMMUNITY ALLIANCE DEVELOPMENT CORPORATION, INCORPORATED**Current Principal Place of Business:**1415 N. MYRTLE AVE
JACKSONVILLE, FL 32209 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 2307
JACKSONVILLE, FL 322032307 US**New Mailing Address:****FEI Number:** 59-3402902 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HARRIS, LEE E
1319 N. MYRTLE AVENUE
JACKSONVILLE, FL 32209 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CH () Delete
Name: HARRIS, LEE E PASTOR
Address: 1319 N. MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32209**Title:** D () Delete
Name: JENKINS, JIMMIE PHD
Address: 1658 KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209**Title:** D () Delete
Name: PAIGE, ROOSEVELT
Address: 2666 SHANNON ST
City-St-Zip: ORANGE PARK, FL 32065**Title:** D () Delete
Name: NESBITT, SAMUEL P BISHOP
Address: 1241 N. 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32209**Title:** D () Delete
Name: WILLIAMS-BEY, HALLIE
Address: 903 W. UNION ST
City-St-Zip: JACKSONVILLE, FL 32209**Title:** D () Delete
Name: MORGAN, JACKIE
Address: 1336 N. MYRTLE AVE
City-St-Zip: JACKSONVILLE, FL 32209**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: GEE, BIRNETT
Address: 2564 MINOSA CIR. W.
City-St-Zip: JACKSONVILLE, FL 32209**Title:** D (X) Change () Addition
Name: STANLEY, ROBINSON
Address: 1319 N. MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32209**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE HARRIS

CH

06/09/2004

Electronic Signature of Signing Officer or Director

Date