

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000003641

**FILED**  
**Oct 23, 2007**  
**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 40845  
JACKSONVILLE, FL 32203 US

**New Mailing Address:**

1301 NORTH MYRTLE AVE  
JACKSONVILLE, FL 32209 US

**FEI Number:** 59-3402902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: LEE E. HARRIS

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: GEE, BIRNETT  
Address: 2564 MINOSA CIR. W.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: STANLEY, ROBINSON  
Address: 1319 N. MYRTLE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: HARRIS, BETTY V  
Address: 1262 W. 4TH 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated in Chapter 119, 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 E. HARRIS

Electronic Signature of Signing Officer or Director

CHM

10/23/2007

Date