2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N96000003641

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:

1301 NORTH MYRTLE AVE
JACKSONVILLE, FL 32209 US

New Mailing Address:

1415 NORTH MYRTLE AVE
JACKSONVILLE, FL 32209 US

FEI Number: 59-3402902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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 CH 03/10/2009
Electronic Signature of Signing Officer or Director — Date