

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-25-2002 90001 042 ****61.25
 04-10-2002 90758 039 *****8.75

DOCUMENT # N98000003323

1. Entity Name
COMMUNITY OUTREACH AND DEVELOPMENT CENTER OF ALA CHUA COUNTY, INC.

Principal Place of Business 2505 N.W. 93RD STREET GAINESVILLE FL 32606	Mailing Address 2505 N.W. 93RD STREET GAINESVILLE FL 32606
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GREEN, DAVID W REV.
 2505 N.W. 93RD STREET
 GAINESVILLE FL 32606

7. Name and Address of New Registered Agent
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, DAVID W REV. <input checked="" type="checkbox"/> Delete 2505 N.W. 93RD STREET GAINESVILLE FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEORGE, EDDIE <input checked="" type="checkbox"/> Delete 309 N.W. 4TH STREET GAINESVILLE FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, ANDREW <input checked="" type="checkbox"/> Delete 3224 N.W. 18TH STREET GAINESVILLE FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, GLADYS <input checked="" type="checkbox"/> Delete 1221 N.E. 18TH STREET GAINESVILLE FL 32602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Vice President <input checked="" type="checkbox"/> D Randolph Jones <input checked="" type="checkbox"/> D P.O. Box 162-6121 NW 218 Ave Lacrosse, FL 32658
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary <input checked="" type="checkbox"/> D Torney Kingcade <input checked="" type="checkbox"/> D 4013 S.W. 27th St Apt D-621 Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED *[Signature]* 3/9/02 352 331-3079
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)