

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005603

1. Entity Name

ALLEN CHAPEL COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

1529 SWAN ST.
JACKSONVILLE FL 32226

P.O. BOX 77274
JACKSONVILLE FL 32226-7274

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RUFUS L
1529 SWAN ST.
JACKSONVILLE FL 32226

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	HOWARD, WILLIE	3138 MARLAND ST.	JACKSONVILLE FL 32209	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GAMBLE, FRANK SR	5810 HOLLYNOCK	JACKSONVILLE FL 32209	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MCDOWELL, ERNEST	5093 FREDERICKBURG AVE.	JACKSONVILLE FL 32208	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SAMPSON, MARVA	3522 MARLAND ST.	JACKSONVILLE FL 32209	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CHAPPEL, LOUISE	P.O. BOX 23814 N/A	JACKSONVILLE FL 32241-3814	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JONES, LEONARD	10337 IOLYNN CT. W.	JACKSONVILLE FL 32225	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90008 041 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)