

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000005603**

1. Entity Name

**ALLEN CHAPEL COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business

**1529 SWAN ST.  
JACKSONVILLE FL 32226**

Mailing Address

**P.O. BOX 77274  
JACKSONVILLE FL 32226-7274**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, RUFUS L  
1529 SWAN ST.  
JACKSONVILLE FL 32226**

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	D	<input type="checkbox"/> Delete
NAME	HOWARD, WILLIE	
STREET ADDRESS	3138 MARLAND ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

TITLE	D	<input type="checkbox"/> Delete
NAME	GAMBLE, FRANK SR	
STREET ADDRESS	5810 HOLLYNOCK	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

TITLE	D	<input type="checkbox"/> Delete
NAME	MCDOWELL, ERNEST	
STREET ADDRESS	5093 FREDERICKBURG AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

TITLE	D	<input type="checkbox"/> Delete
NAME	SAMPSON, MARVA	
STREET ADDRESS	3522 MARLAND ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPPEL, LOUISE	
STREET ADDRESS	P.O. BOX 23814 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32241-3814	

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, LEONARD	
STREET ADDRESS	10337 IOLYNN CT. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of RUFUS L. SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90493 025 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)