

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 09, 2003 8:00 am
Secretary of State

0098756

DOCUMENT # 704674

1. Entity Name
ANDOVER CIVIC ASSOCIATION, INC.



09-09-2003 90032 001 *****8.75
09-09-2003 90032 002 ****61.25

Principal Place of Business Mailing Address
1195 NW 203RD ST **1195 NW 203RD ST**
P O BOX 69-3435 **P O BOX 69-3435**
MIAMI FL 33169 **MIAMI FL 33169**
US **US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number **65-0196187** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
JORDAN, ANNIE LOIS
1195 NW 203RD ST
P O BOX 69-3435
MIAMI FL 33169

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUDSON, HORACE 1131 NW 207TH STREET MIAMI FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, BARBARA 1240 NW 207TH ST MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JORDAN, ANNIE LOIS 1195 NW 203RD ST MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, ERNEST 1525 NW 203 ST MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX/O GRATE, DONALD 1245 NW 203 ST. MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, PATRICIA 21031 NE 2ND AVE MIAMI FL 33169 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARBY, BEVERLY 20311 N.W. 4th AVE. MIAMI, FLORIDA 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ERVAN 1370 N.W. 207th STREET MIAMI, FLORIDA 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORLEY, CLEVELAND 20300 N.W. 15th AVE. MIAMI, FLORIDA 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, INEZ 20721 N.W. MIAMI COURT MIAMI, FLORIDA 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, DAVID 20440 N.W. 2nd COURT MIAMI, FLORIDA 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPHAEL, RICHARD 20240 N.W. 4th AVE. MIAMI, FLORIDA 33169 <input type="checkbox"/> Change <input checked="" 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 empowerment.

SIGNATURE: **ANNIE LOIS JORDAN** SIGNATURE REQUIRED: *Annie Lois Jordan* Date: **9/6/2003** Daytime Phone #: **(305) 651-6920**

CR2E037 (4/03)