

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90359 042 ****61.25

0001732

DOCUMENT # 732511

1. Entity Name

SOUTHERN OAKS ASSOCIATION, INC.



Principal Place of Business

**7601 TIMBERWOOD DR.
JACKSONVILLE FL 32256**

Mailing Address

**7601 TIMBERWOOD DR.
JACKSONVILLE FL 32256**

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 **NOT APPLICABLE**

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

7. Name and Address of New Registered Agent

**GRIMM, COURTNEY
101 E. ADAMS STREET
JACKSONVILLE FL 32202**

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

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WATKINS, GLENDA 7602 TIMBERWOOD DR JACKSONVILLE FL 32256	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, JANET 11016 STARWOOD DR JACKSONVILLE FL 32256	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHIPP, KATHY 7714 ERINWOOD CT JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHENAULT, RONALD 7702 ERINWOOD CT JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALE, LISA 7625 SUNWOOD DR JACKSONVILLE FL 32256	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, JERRY 11021 STARWOOD DR JACKSONVILLE FL 32256	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR - REV. JAMES GRIFFIN 19094 MERRYWOOD DR JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR - HARLAND LAMACH 10918 STARWOOD DR JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC - CAROL L. STRICKLAND 7616 PLUMWOOD DR JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR - BRAD GOODMAN 19006 MOOREWOOD DR JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR - JIMMY JOHNSON 7602 PLUMWOOD DR JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR - RON ROBINSON 10914 STARWOOD DR JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR - MARY JO CREAGER 7722 ERINWOOD CT JACKSONVILLE, FL 32256	☐ Change ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)