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

DOCUMENT # 743170

1. Entity Name

A BRIGHTER COMMUNITY, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90650 035 ****61.25

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Principal Place of Business Ma			Mailir	Mailing Address								
1613 N. MARION ST.			1613 I	1613 N. MARION ST.				940-				
			TAMP	A FL 33602-9638								
								1 F 88 131 1 48 17 8 10	AR HITAT ETATI TARKI ERKI E			
Principal Place of Business . Mailing Address												
2. Frincipal Flace of Business 3. Main				ining Addiess				!	ea ekul 1701) 10017 0017 0		 	H BROWN NEWS
Suite, Apt. #, etc. S				Suite, Apt. #, etc.								
551.617 (\$1.7.7) 51.5.				, , , , , , , , , , , , , , , , , ,			CHECK HERE IF MAKING CHANGES					
City & State C				City & State				4. FEI Number 59-0624453 Applied For				
5.7, 5.5				•				Not Applicate				
Zip	Country			р	intry		5 O-35-1-40		¬ \$	8.75 Add	litional	
								5. Certificate of Status Desired Fee Required				
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent				
						Name						
RYALS, KAREN						Street Address (P.O. Box Number is Not Acceptable)						
2215 E HENRY AVENUE												
tampa f	L 33610											
					City						Zip Code	-
										FL		
		submits this statement for	the purp	oose of changing its r	egistere	ed office o	r registere	ed agent, or both, in t	the State of Florida.	I am fan	niliar with,	and accept
the obligat	ions of regist	ered agent.										
SIGNATURE.				-ti-akia /MOTE	Danistava	d Acces since	tura raquirod	whon reinstation)		DATE		
	Signature, typed	or printed name of registered agent a	na title if apj	bildable. (NOTE:	Registered	a Agent signat	tura requireo	when reinstating)				
FILE NOW: FEE IS \$61.25						_		\$5.00 May Be			Payable	
Trust					d Contribution.			Added to Fees	Florida D	epartm	ent of S	state
950000000000000000000000000000000000000								DDITIONS/CHANGE	ES TO OFFICERS AN	UD DIDE	CTORS IN	10
10.	OFFICERS AND DIRECTORS PD						<u>60</u>	IDDITIONS/CHANGE	10 OFFICERS AI		Change	Addition
TITLE				Delete				anti Dama	nxl		_ Ghange	- Addition
NAME STREET ADDRESS	BRADFORD, RICHARD				STREET ADDRESS			LIEL, TOMMING BLUD STG 1516				
CITY-ST-ZIP	100 11. 01.001. 01.							IMPA, PL 33602				
	TAMPA FL 33602				-		VB	<u> </u>	3300 =	Г	Change	Addition
TITLE	VO Delete				TITLE			בארשיים שיים	_	4	change	□ T-Addition
NAME STREET ADDRESS	FERRELL, TAMMY					ET ADDRESS	u.	non, Doug	pressor			ì
CITY-ST-ZIP	201 2. 112111251 52151 50112 1015					ST-ZIP -:		ompa pe		- e -		
	TD	33002		Delete	TITLE		†	*****	23001	г	Change	Addition
TITLE NAME	ARTHUR, I	noug		Delete	NAME	_	TO	quac, step	ikal		_ Onlingt	☐ Addition
STREET ADDRESS	4600 W. CYPRESS ST.					ET ADDRESS	5 2203 N LOIS AVE STE 700					
CITY-ST-ZIP	TAMPA FL				CITY-	ST-ZIP		WAA, FL				
TITLE	SD			Delete	TITLE	**				Γ	Change	Addition
NAME	LOCKHARDT, LAURA				NAME		mal	DILL, DWG	<i>₊</i>	_	- ·	
STREET ADDRESS	5440 MARINER ST., SUITE 102				STRE	ET ADDRESS	101	BAST KENN	ממוש המסו	SL13	22800	'
CITY-ST-ZIP	TAMPA FL				CITY-	ST-ZIP	TON	npa, PL	33602			
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NAME					NAME				•	•	-	
STREET ADDRESS					STRE	T ADDRESS						}
CITY-ST-ZIP					CITY-	ST-ZIP	L					
TITLE				☐ Delete	TITLE						Change	☐ Addition
NAME					NAME							
STREET ADDRESS					STREE	ET ADDRESS						
CITY-ST-ZIP					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 Torida 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: 2-25-03 813239-11

CR2E037 (10/02)