


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90063 046 ****61.25

DOCUMENT # N04437					
1. Entity Name THE ADVISORY COMMITTEE FOR URBAN REVITALIZATION EQUITY (A-CURE), INC.					
Principal Place of Business 920 CENTER AVENUE P.O. BOX 30002 PANAMA CITY, FL 32401-4525		Mailing Address 920 CENTER AVENUE P.O. BOX 30002 PANAMA CITY, FL 32401-4525			
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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRUCE, JOHN T., SR. 920 CENTER AVENUE PANAMA CITY, FL 32401			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	D/M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUCE, JOHN T., SR.	NAME			
STREET ADDRESS	920 CENTER AVE	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARSHALL, CHARLOTTE	NAME			
STREET ADDRESS	1303 MARYLAND AVE.	STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HINES, MYRON	NAME			
STREET ADDRESS	6303 LAKE DR.	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32404	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, COLUMBUS	NAME			
STREET ADDRESS	1002 KIRKLAND AVE	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL	CITY-ST-ZIP			
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAVEN, LYNN	NAME	Sharon Sheffield		
STREET ADDRESS	1508 WISCONSIN AVENUE	STREET ADDRESS	1508 Wisconsin Ave.		
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP	Lynn Haven, FL 32444		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MINCEY, ELLA	NAME			
STREET ADDRESS	8149 BETTY LOUISE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32404	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: <i>Charlotte Marshall</i>			1-6-04 850 872-4580		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		