

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90115 005 ****61.25

DOCUMENT # N04437



1. Entity Name
**THE ADVISORY COMMITTEE FOR URBAN REVITALIZATION
EQUITY (A-CURE), INC.**

Principal Place of Business

Mailing Address

**920 CENTER AVENUE
P.O. BOX 30002
PANAMA CITY FL 32401-4525**

**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

**\$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

**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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/M** Delete
NAME **BRUCE, JOHN T., SR.**
STREET ADDRESS **920 CENTER AVE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **MARSHALL, CHARLOTTE**
STREET ADDRESS **208 N MACARTHUR AVE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
NAME **Marshall, Charlotte**
STREET ADDRESS **1303 Maryland Ave**
CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE **TD** Delete
NAME **HINES, MYRON**
STREET ADDRESS **1023 E 14TH ST**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
NAME **Hines, Myron**
STREET ADDRESS **6306 Lake Drive**
CITY-ST-ZIP **Panama City, FL 32404**

TITLE **D** Delete
NAME **SMITH, COLUMBUS.**
STREET ADDRESS **1002 KIRKLAND AVE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** Delete
NAME **SHEFFIELD, SHARON J**
STREET ADDRESS **1508 WISCONSIN AVENUE**
CITY-ST-ZIP **LYNN HAVEN FL 32401**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Lynn Haven FL 32444**

TITLE **D** Delete
NAME **MINCEY, ELLA**
STREET ADDRESS **8149 BETTY LOUISE DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE Change 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: *Charlotte Marshall*

1-13-03 850 271-0560

CR2E037 (10/02)