

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91356 022 ****61.25

0019260

DOCUMENT # N25099

1. Entity Name

CHILDRENS HOME COMMUNITY CENTER, INC.

Principal Place of Business

5818 HIGHWAY 2
 LAUREL HILL FL 32567

Mailing Address

PO BOX 188
 LAUREL HILL FL 32567
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2967288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILLIS, CHARLES E
1316 ALLEN RD
LAUREL HILL FL 32567

7. Name and Address of New Registered Agent

Name **FAIST, DAVID O.**
 Street Address (P.O. Box Number is Not Acceptable)
6638 LONG RD.
 City **LAUREL HILL FL** Zip Code **32567**

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.

SIGNATURE

David O. Faist Secretary

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIS, CHARLES 1316 ALLEN RD LAUREL HILL FL 32567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIS, CHARLES 5818 HWY 2 LAUREL HILL FL 32567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STAGAMAN, GLENN 355 WINDY HILL RD LAUREL HILL FL 32567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVERING, TERESA 753 WINDY HILL RD LAUREL HILL FL 32567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARDSON, SYLVIA 701 WINDY HILL RD LAUREL HILL FL 32567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BONNIE 525 WINDY HILL RD LAUREL HILL FL 32567	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lawrence, Gray 4442 Co Rd 147 Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Harrison, Randall 3656 Co. Hwy 147 Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAIST, DAVID O 6638 LONG RD. Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Pitts Hazel 4439 Co. Hwy 2 Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLEY Mae Hazel 5136 Co. Hwy 2 Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Change <input 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 an other like empowered.

SIGNATURE:

David O. Faist Secretary **05/01/2001** 850-834-2854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)