

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003051

FILED
Apr 13, 2009
Secretary of State

Entity Name: URBAN CORE ENTERPRISES, INC.

Current Principal Place of Business:

2933 MYRTLE AVE NORTH
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

2933 MYRTLE AVE NORTH
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3195480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, TONY
2933 MYRTLE AVE NORTH
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NELSON, TONY D
Address: 218 W. ADAMS ST #504
City-St-Zip: JAX, FL 32202

Title: C () Delete
Name: NORMAN, JANETTA
Address: 2933 MYRTLE AVE NORTH
City-St-Zip: JACKSONVILLE, FL 32209

Title: DS () Delete
Name: MORRISON, CATHERINE
Address: 2933 N. MYRTLE AVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: DS () Delete
Name: ROUNDTREE, CHARLES
Address: 2933 MYRTLE AVE NORTH
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY NELSON

DP

04/13/2009

Electronic Signature of Signing Officer or Director

Date