

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90188 017 ****70.00

DOCUMENT # N95000004978

1. Entity Name
THE JUBILEE CENTER OF SOUTH BROWARD, INC.



Principal Place of Business

**1704 BUCHANAN ST.
HOLLYWOOD FL 33020**

Mailing Address

**1704 BUCHANAN STREET
HOLLYWOOD FL 33020
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0609182

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALDRON, ADRIENNE
1923 BUCHANAN STREET
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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

TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, LUCY	
STREET ADDRESS	738 S W 3RD STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURNEY, JOYCE	
STREET ADDRESS	616 S W 5TH COURT	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, WILLIAMSON	
STREET ADDRESS	3102 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALDRON, ADRIENNE	
STREET ADDRESS	1923 BUCHANAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAULSTICH, MATHEW	
STREET ADDRESS	1704 BUCHANAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YP Tony Moscatel	
STREET ADDRESS	1923 Cleveland St.	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

4/30/03 054-456-2394

CR2E037 (10/02)