## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 28, 2001 8:00 am DOCUMENT # N9800003391 Secretary of State 1. Entity Name OBSESSIVE - COMPULSIVE FOUNDATION OF JACKSONVILL 03-28-2001 90074 032 \*\*\*\*70.00 Principal Place of Business Mailing Address 4495-304 ROOSEVELT BLVD. 4495-304 ROOSEVELT BLVD. PMB #205 PMB #205 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3516602 Not Applicable Zìp Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent a vve t VICKERS, ANGELA 6956 LA MESA DR. W. JACKSONVILLE FL 32217 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. (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change ■ Addition MCCLURE, JANIS NAME NAME STREET ADDRESS **8958 IVEY RD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 DVP TITI F Delete TITLE Change ☐ Addition D SWITZER, FAYE NAME NAME STREET ADDRESS STREET ADDRESS 4257 MELROSE AVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE'FL 32210 ackson TITLE Delete TITLE MCPHEETERS, MARTHA NAME NAME STREET ADDRESS 7061 OLD KINGS ROAD #77 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32217 2/0 TITLE Delete TITLE MCCURE, ERIC NAME NAME Drive STREET ADDRESS 8958 IVEY ROAD 3480 Shauha Oa Ks STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32216 CITY-ST-ZIP マネスク rogram Director TITLE ☐ Delete TITLE Change Westworth, steve 214 Baltic Court NAME NAME Baltic STREET ADDRESS STREET ADDRESS 31558 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

and that my name appears in changed, or on an attachment with an address, with all other like empowered SIGNATURE:

12. I hereby certify that the information supplied with this filling 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 Chapte