

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000003391

FILED  
Apr 11, 2002 8:00 AM  
Secretary of State

Entity Name: OBSESSIVE - COMPULSIVE FOUNDATION OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

4495-304 ROOSEVELT BLVD.  
PMB #205  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4495-304 ROOSEVELT BLVD.  
PMB #205  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 59-3516602      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWITZER, FAYVETTE C  
4257 MELROSE AVE  
JACKSONVILLE, FL 32210      US

**Name and Address of New Registered Agent:**

BENNETT, MICHAEL W  
8702 COMO LAKE DRIVE  
JACKSONVILLE, FL 32256      US

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: MICHAEL W. BENNETT

04/11/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: SWITZER, FAYVETTE C  
Address: 4257 MELROSE AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS      ( ) Delete  
Name: NIGHTINGALE, GAY  
Address: 5193 CHARLEMAGNE RD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DT      ( ) Delete  
Name: MEADOWS, GUSTORIA  
Address: 3480 SHAUHA OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD      ( ) Delete  
Name: WENTWORTH, STEVE  
Address: 214 BALTIC COURT  
City-St-Zip: SAINT MARYS, GA 31558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: NIGHTINGALE, GAY  
Address: 5193 CHARLEMAGNE ROAD  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DS      (X) Change ( ) Addition  
Name: FOSTER, DAVID  
Address: 6804 HOWALT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: DT      (X) Change ( ) Addition  
Name: BENNETT, MICHAEL W  
Address: 8702 COMO LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32255

Title: DV      (X) Change ( ) Addition  
Name: MCDONAGH, LAURIE  
Address: 2636 FOREST CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL W. BENNETT

DT

04/11/2002

Electronic Signature of Signing Officer or Director

Date