

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90029 036 ****61.25

DOCUMENT # N99000004832

1. Entity Name

NEIGHBORHOOD FAMILY CENTERS COALITION, INC.

Principal Place of Business

Mailing Address

1250 HOLT AVE
 CLEARWATER FL 33755

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 CLEARWATER FL 33755

C0074114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Garden Villas NFC

Garden Villas NFC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

60-A Sandalwood Drive

60-A Sandalwood Drive

City & State

City & State

Clearwater, Florida

Clearwater, Florida

4. FEI Number

59-3647540

Applied For

Not Applicable

Zip
 33759

Country
 U.S.A

Zip
 33759

Country
 U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HABEEB-ULLAH, BILAL F
 1002 NORTH GREENWOOD AVE.
 CLEARWATER FL 33755

Name Tracey Peoples - Garden Villas NFC

Street Address (P.O. Box Number is Not Acceptable)
 60-A Sandalwood Drive

City Clearwater FL Zip Code 33759

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 Tracey S. Peoples / Tracey Peoples - President 7-17-01
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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Delete
 NAME SCHNEIDER, PAUL
 STREET ADDRESS 935 MAIN ST. -STE C4
 CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE D Change Addition
 NAME Keith Knowles
 STREET ADDRESS 935 Main Street, Ste C4
 CITY-ST-ZIP Safety Harbor, FL 34695

TITLE D Delete
 NAME PEOPLES, TRACEY
 STREET ADDRESS 60-A SANDALWOOD DR
 CITY-ST-ZIP CLEARWATER FL-33759

TITLE Change Addition
 NAME Charon Feild Aurand
 STREET ADDRESS P.O. Box 2730
 CITY-ST-ZIP Pinellas Park, FL 33780

TITLE SD Delete
 NAME WALKER, JUDY
 STREET ADDRESS 918 WOODLAWN ST.
 CITY-ST-ZIP CLEARWATER FL 33756

TITLE Change Addition
 NAME Lounell Britt
 STREET ADDRESS 2335 22nd Avenue South
 CITY-ST-ZIP St. Petersburg, FL 33712

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: Dawn Schaeffer

7-17-01 727-825-7939

CR2E037 (10/00)