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

DOCUMENT # N99000004832 1. Entity Name NEIGHBORHOOD FAMILY CENTERS COALITION, INC.			
Principal Place of Business GARDEN VILLAS NFC 60 A SANDALWOOD DRIVE CLEARWATER, FL 33759	Mailing Address GARDEN VILLAS NFC 60 A SANDALWOOD DRIVE CLEARWATER, FL 33759		
2. Principal Place of Business 18760 U.S. Highway 19N Suite, Apt. #, etc. 157 City & State Clearwater, FL Zip 33764 Country USA	3. Mailing Address 18760 U.S. Highway 19N Suite, Apt. #, etc. 157 City & State Clearwater, FL Zip 33764 Country USA	 <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number 59-3647540	Applied For (Not Applicable)		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEOPLES, TRACEY GARDEN VILLAS NFC 60 A SANDALWOOD DRIVE CLEARWATER, FL 33769		7. Name and Address of New Registered Agent Name: Keith F. Knowles Street Address (P.O. Box Number is Not Acceptable): Neighborhood Family Centers Coalition, Inc. 18760 U.S. Highway 19N City: Clearwater FL 33764	
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: <u>Victoria L. Schaus</u> Executive Director DATE:			
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 10	
SD TITLE: KNOWLES, KEITH STREET ADDRESS: 1003 ML KING/ FOURTH STREET N. CITY-ST-ZIP: SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Delete	VP TITLE: MARGO ADAMS D STREET ADDRESS: 6399 142 AVE N #16 CITY-ST-ZIP: CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D TITLE: PEOPLES, TRACEY STREET ADDRESS: 60-A SANDALWOOD DR CITY-ST-ZIP: CLEARWATER, FL 33769	<input checked="" type="checkbox"/> Delete	Secretary TITLE: VICTORIA SCHAU D STREET ADDRESS: 1003 ML KING/ 4TH ST. N CITY-ST-ZIP: SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P TITLE: BRITT, LONELL D STREET ADDRESS: 2336 22ND AVENUE SOUTH CITY-ST-ZIP: SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete		
TD TITLE: QUINLIVAN, JAMES M D STREET ADDRESS: 4070 66TH AVENUE NORTH CITY-ST-ZIP: SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete		
V TITLE: HABEEB-ULLAH, BILAL STREET ADDRESS: 1250 HOLT AVENUE CITY-ST-ZIP: CLEARWATER, FL 33775	<input checked="" type="checkbox"/> Delete		
TITLE: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 to an address, with all other title empowered.			
SIGNATURE: <u>Victoria L. Schaus</u>		DATE: 2-18-03 (927) 791-8255	

CORRECT (10/02)