

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90130 016 ****70.00

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☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # N93000005234

1. Entity Name

**THE JEANNE SLOAN CLEAR SAILING DROP-IN CENTER OF
THE TREASURE COAST, INC.**



Principal Place of Business

**812 NORTH 7TH STREET
FT. PIERCE FL 34950
US**

Mailing Address

**C/O NEW HORIZONS ADMINISTRATION
4500 W. MIDWAY RD.
FT PIERCE FL 34981
US**

2. Principal Place of Business

404 Ixoria Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Pierce, Florida

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

34982

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TALBOTT, DOUGLAS
NEW HORIZONS OF THE TREASURE COAST, INC.
4500 W. MIDWAY RD.
FT PIERCE FL 34981**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	PRICE, TAMMY	
STREET ADDRESS	2700 PLACID AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GWENDOLYN, BRADELY	
STREET ADDRESS	2600 NAVAJO	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBINSON, RALPH	
STREET ADDRESS	1319-A PEPPERTREE TRAIL	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LINDA, MILLIKEN	
STREET ADDRESS	P O BOX 1471	
CITY-ST-ZIP	FORT PIERCE FL 34954	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ANNIE	
STREET ADDRESS	2202 AVE. E	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pike, Tammy	
STREET ADDRESS	2700 Placid Avenue	
CITY-ST-ZIP	Fort Pierce FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Milliken, Linda	
STREET ADDRESS	505C Mayflower Lane	
CITY-ST-ZIP	Fort Pierce, Fl 34950	
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: *Douglas Talbott* 1/27/03 772-468-5600

CR2E037 (10/02)