

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

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90088 021 \*\*\*\*61.25

**DOCUMENT # N18576**

1. Entity Name

**EL BETH EL DEVELOPMENT CENTER, INC.**



Principal Place of Business

**725 WEST FOURTH ST.  
JACKSONVILLE FL 32209**

Mailing Address

**P.O. BOX 3575  
JACKSONVILLE FL 32206  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2845839**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GREGORY, RODNEY G P.A.  
3900 ATLANTIC BLVD.  
JACKSONVILLE FL 32207**

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 **PD** ☐ Delete  
NAME **HALL, LORENZO, SR.**  
STREET ADDRESS **P.O. BOX 3575 N/A**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TSD** ☐ Delete  
NAME **HALL, WRIGHT LEOLA B.**  
STREET ADDRESS **1111 WEARE STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **VD** ☐ Delete  
NAME **LIPSON, CAROLYN**  
STREET ADDRESS **224 W. 21ST STREET**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete  
NAME **MAXWELL, LEIA,**  
STREET ADDRESS **1548 E. 25 ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **MD** ☐ Delete  
NAME **HALL, ISAAC**  
STREET ADDRESS **9118 SIBBAID RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 recorder 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: *[Signature]* **LORENZO HALL SR. 3/19/03** 904  
359-0661

CR2E037 (10/02)