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

Mailing Address

3. Mailing Address

City & State

903 W. UNION STREET

JACKSONVILLE FL 32204

Suite, Apt. #, etc.

DOCUMENT # 717123

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

2. Principal Place of Business

DANFORD, RICHARD 903 W. UNION STREET

JACKSONVILLE FL 32204

903 W. UNION STREET

Suite, Apt. #, etc.

City & State

SIGNATURE:

Zip

JACKSONVILLE FL 32204

JACKSONVILLE URBAN LEAGUE HOUSING, HEALTH AND COMMUNITY DEVELOPMENT FOUNDATION, INC.



FILED
Feb 26, 2003 8:00 am §
Secretary of State

02-26-2003 90176 039 ****70.00

10027710

<u> </u>		
	CHECK HERE IF MAKING CH	HANGES
	4. FEI Number 23-7095139	Applied For Not Applicable
try	5. Certificate of Status Desired Fee	.75 Additional Required
	7. Name and Address of New Registered Age	nt
Name		
Street Addre	ess (P.O. Box Number is Not Acceptable)	

2-24-02 9043662466

City 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 2-24-03 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change TAYLOR, JIM Addition NAME NAME STREET ADDRESS 4825 IROQUOIS AVENUE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP TITLE VCD ☐ Delete JONES, CARLTON Change Addition STREET ADDRESS 600 WHARFSIDE WAY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE: FL-32207 CITY-ST-ZIP TITLE ☐ Delete TITLE DANFORD, RICHARD ☐ Addition NAME NAME STREET ADDRESS 903 W. UNION STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32204 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

Country