

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

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90044 028 *****70.00

DOCUMENT # 723307

1. Entity Name

BOOKER PARK CITIZENS ASSOCIATION, INC



Principal Place of Business

P.O. BOX 1068
INDIANTOWN FL 34956

Mailing Address

P.O. BOX 1068
INDIANTOWN FL 34956

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7280780**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, ARDIS W.
14742 S.W. 174 CT
P.O. BOX 1414
INDIANTOWN FL 34956

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, ARDIS W	
STREET ADDRESS	14742 SW 175TH CT	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERRY, ELIZABETH	
STREET ADDRESS	14930 SW 173RD DR	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRIGHT, SAMMY	
STREET ADDRESS	14659 SW M.L. KING JR. DR.	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKNIGHT, CLEVELAND	
STREET ADDRESS	14506 SW 169TH DE	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, EUGENE	
STREET ADDRESS	1547 SW WILD CAT TR	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CLIFFORD	
STREET ADDRESS	17071 S.W. MAGNOLIA AVE.	
CITY-ST-ZIP	INDIANTOWN FL	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. Jimmie Gary	
STREET ADDRESS	14871 SW 175th Court	
CITY-ST-ZIP	Indiantown FL 34956	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Dotson	
STREET ADDRESS	17071 SW magnolia Ave	
CITY-ST-ZIP	Indiantown FL 34956	
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		
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: Samuel Bright Samuel Bright

6-16-03

CR2E037 (10/02)