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

## DOCUMENT # 742945

1. Entity Name

THE CENTRE, INC.



## FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90847 016 \*\*\*\*61.25

				WE TES					
62 ROBERTS MT. ROAD 62 R		Mailing Address 62 ROBERTS MT. ROAD FABER VA 22938 US	22 Roberts Mt. Road Faber va 22938						
2. Principa	Place of Business	3. Mailing Address							
0.5					1 500151 10017 0	1818 \$1818 18141 B1E81 <b>8</b> \$11	#10() #18)  #18() #18)(	1071 UFB\$1 10 <b>0</b> 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 59-1824173 Applied For				
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired [	- \$8.75 AG	lot Applicable iditional	<u>.</u>
	6. Name and Address of Curren		·			Iress of New Regis	Fee Requir	ed	╛
-	· · · · · · · · · · · · · · · · · · ·		Name		7. Ivaine and Add	iress of New Hegis	tered Agent		+
	Y, BENJAMIN		Street	Street-Address (P.OBox-Number-is-Not-Acceptable)					⇃
	ARLES PLACE		- Circuit	-10-000-01-	-O. BOX Normber Is 1	чог-Ассертаріе)——			- -
DHANU	DN FL 33511								7
			City	·-		1-2.	FL Zip Coo	de	1
8. The above	re named entity submits this statement f	or the purpose of changing its r	egistered office o	r registere	d agent, or both, in	the State of Florida	Lam familiar with	and accept	-
the obliga	ations of registered agent.							and accopt	
SIGNATURE	Signature, typed or printed name of registered agen	and the females by							l
	The state of the s	NOTE:	Registered Agent signat	ture required w	vhen reinstating)		DATE		
FILE NOW: FEE IS \$61.25					\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
				_ ,	Added to Pees	Fiorida D	epartment of	State	
10.	OFFICERS AND DI		11.	A	ODITIONS/CHANGE	S TO OFFICERS AI	ND DIRECTORS IN	l 10	1
TITLE NAME	MONROE, LAURIE A.	☐ Delete	TITLE				☐ Change	☐ Addition	٤
STREET ADDRESS	57 WOODPECKER WAY		NAME STREET ADDRESS						(10/02)
CITY-ST-ZIP	AFTON VA		CITY-ST-ZIP						F037
TITLE	ST	☐ Delete	TITLE				Change	Addition	E P
NAME	KRANE, JOHN C		NAME	KRAI	VZ,501/1	v CLYOF	onunge .	□ Vagilion	٥
STREET ADDRESS CITY-ST-ZIP	POB 721 LOVINGSTON VA 22949		STREET ADDRESS		•				
TITLE	VPD		CITY-ST-ZIP			<u></u>			
NAME	MILLER, DARLENE	☐ Delete	NAME	55			☐ Change	Addition Addition	
STREET ADDRESS	57 WOODPECKER WAY		STREET ADDRESS						
CITY-ST-ZIP	AFTON VA		CITY-ST-ZIP						ļ
TITLE	D	☐ Delete	TITLE	***		<del>-</del>	☐ Change	Addition	
NAME	MONROE, EMMETT		NAME						
STREET ADDRESS CITY-ST-ZIP	3041 OAKRIDGE DR. CUYAHOGA FALLS OH		STREET ADDRESS		,			ĺ	ı
TITLE	VP		CITY-ST-ZIP	·					
AME	HONEYCUTT, A.J.	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
TREET ADDRESS	62 ROBERTS MOUNTAIN RD		STREET ADDRESS						
CITY-ST-ZIP	FABER VA 22938		CITY-ST-ZIP						
ITLE		☐ Delete	TITLE	7.4			☐ Change	☐ Addition	
AME			NAME				- ondigo		
TREET ADDRESS ITY-ST-ZIP			STREET ADDRESS						
			CITY-ST-ZIP					I	

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANSCLANDED TO THE ELYPE KRAW

02/26/03

434-263-8692