

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

DOCUMENT # **758700**

1. Entity Name

**CONCERNED PERSONS FOR CLIENTS AT WORK ORIENTED R
EHABILITATION CENTER, INCORPORATED**



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

02-21-2003 90841 004 ****61.25

Principal Place of Business

1100 JIMMY ANN DR
DAYTONA BEACH FL 32117
US

Mailing Address

1565 AIRPORT ROAD
ORMOND BEACH FL 32174
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2942208

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JUDY HALL
1565 AIRPORT ROAD
ORMOND BEACH FL 32174**

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

Judy Hall

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

Judy Hall
3/4/2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

**TD
PEGGY, LOVING
63 CLUBHOUSE BLVD
NEW SMYRNA BEACH FL 32168**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

**PD
JUDY, HALL
1565 AIRPORT ROAD
ORMOND BEACH FL 32174**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

**SD
POSSENTI, PATRICIA A.
829 PINE TREE CT
PORT ORANGE FL 32127-4871**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

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: *Judy Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2003 386-672-2152

CR2E037 (10/02)