

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759126

1. Entity Name

CHILDREN'S CRISIS CENTER, INC.

Principal Place of Business

655 W 8TH STREET
JACKSONVILLE FL 32209

Mailing Address

P O BOX 40279
JACKSONVILLE FL 32203-0279
US

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

59-2148987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, DENISE, ATTY.
218 E ASHLEY ST
JACKSONVILLE FL 32202

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
HUCKINS, CORNELIA
112 LAKE JULIA DR N
PONTE VEDRA BCH FL 32082 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
Parker, Dianne
942 Craswell Lane W.
Jacksonville, FL 32221 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
PARKER, DIANNE
830 POINT LA VISTA RD
JACKSONVILLE FL 32207 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
Burr, Edward
3903 Duval Dr.
Jacksonville, FL 32250 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WHITWORTH, J.M.
842 CEDAR ST
JACKSONVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
HUEY, LOUISE CPS
421 W CHURCH STREET
JACKSONVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.M. Whitworth, M.D.

Date

1/7/2000

Daytime Phone #

904-549-4670

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90086 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)