

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90163 048 ****61.25

DOCUMENT # 761458

1. Entity Name

Florida NARAL, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 4321

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4321

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

59-2169503

Applied For

Not Applicable

Zip

33402

Country

USA

Zip

33402

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Rance-Hoffman, Robin

Street Address (P.O. Box Number is Not Acceptable)

1607 16th Terrace

City

Palm Beach Gardens

FL

Zip Code

33418

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

**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

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

P/S/D

Elden, Joyce

18680 Lake Bend Drive

Jupiter, FL 33458

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

T/D

Rance-Hoffman, Robin

1607 16th Terrace

Palm Beach Gardens, FL 33418

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D

Kelly, Katherine

160 Royal Palm Way

Palm Beach, FL 33480

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joyce L. Elden

Joyce Elden, President 3/12/02

(561) 366-5338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)