

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 763171**

1. Entity Name

FRIENDS OF ERNA NIXON PARK, INC.

Principal Place of Business

**1200 EVANS RD.
WEST MELBOURNE FL 32904**

Mailing Address

**PO BOX 120184
MELBOURNE FL 32912-0184**

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 **59-2318697**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HEBERT, CAROL
2400 WASHINGTON ST
WEST MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

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 **CAROL HEBERT**

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
After September 12, 2001, min. will be \$236.25**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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, VICKI	
STREET ADDRESS	152 E HAVEN DR	
CITY-ST-ZIP	WEST MELBOURNE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	COGAN, KAREN	
STREET ADDRESS	627 ACACIA AVE	
CITY-ST-ZIP	MELBOURNE FL 32904	

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEUART, MARTHA	
STREET ADDRESS	996 NEVADA DR NE	
CITY-ST-ZIP	PALM BAY FL 32907	

TITLE	DV	<input type="checkbox"/> Delete
NAME	HEBERT, CAROL	
STREET ADDRESS	2400 WASHINGTON ST.	
CITY-ST-ZIP	WEST MELBOURNE FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	PAUL, AUSTIN	
STREET ADDRESS	996 NEVADA DR NE	
CITY-ST-ZIP	PALM BAY FL 32907	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Martha Stewart**President**8/31/01 321-768-2472***FILED**
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90064 022 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)