

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90147 031 ****61.25

DOCUMENT # 765263

1. Entity Name

JACKSONVILLE ALCOHOLICS BENEVOLENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**3645 SPRING PARK RD
JACKSONVILLE FL 32207
US**

**3645 SPRING PK RD
JACKSONVILLE FL 32207
US**

60013770



☐ CHECK HERE IF MAKING CHANGES

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 **59-2288753**

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

**BAILEY, ROBERT
3671 CEDAR DR
JACKSONVILLE FL 32207**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SNEDEN, RICHARD 3645 SPRING PARK ROAD JACKSONVILLE FL 32207	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARIBALDI, MARIE 2204 CAMDEN AVE JACKSONVILLE FL 32207	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAILEY, ROBERT 3671 CEDAR DRIVE JACKSONVILLE FL 32207	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTES, WAYNE 3321 CESERY BLVD JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENEDIX, TED 11940 OLD ACOSTA RD JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLES, ALBERT 2667 LARSEN RD JACKSONVILLE FL 32207	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Linda Beck 2849 Tulip Circle E. Jacksonville, Florida 32246	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Robert Bailey **RE ROBERT BAILEY**

2/25/3

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