2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002
Secretary of State

DOCUMENT# 766042

Entity Name: THE SOCIAL CENTER, INC.

Current Principal Place of Business:

6318 ARLINGTON RD
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

6318 ARLINGTON RD
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 59-2273532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUGHES-FISHER, ALICE
6318 ARLINTON RD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FISHER, ALICE,
Address: 6318 ARLINGTON RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: VD ( ) Delete
Name: BADGER, MILDRED
Address: 4412 CLYDER DR.
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: FISHER, GARY
Address: 5469 RIVER TEAL RD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: STD ( ) Delete
Name: HICKS, JOAN
Address: 1102 RIO ST. JOHNS
City-St-Zip: JAY, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD ( ) Change (X) Addition
Name: FISHER, GARY W
Address: 5469 RIVER TRAIL RD. N.
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: T/S ( ) Change (X) Addition
Name: GOLDFIELD, ANN P
Address: 4329 IRVINGTON RD.
City-St-Zip: JACKSONVILLE, FL 32210 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY W. FISHER VD 09/10/2002
Electronic Signature of Signing Officer or Director Date

ANN P. GOLDFIELD S/T
4329 IRVINGTON RD.
JACKSONVILLE, FLORIDA 32210