

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006182

1. Entity Name

METANOIA COMMUNITY, INC.

FILED

Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90320 009 ****70.00

Principal Place of Business

12230 FLYNN WOODS ROAD
JACKSONVILLE FL 32223
US

Mailing Address

12230 FLYNN WOODS ROAD
JACKSONVILLE FL 32223
US

10372 BIGTREE LANE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip
32257

Country

DUVAL

3. Mailing Address

10372 BIGTREE LN

Suite, Apt. #, etc.

JACKSONVILLE

City & State
FL

Zip

32257

Country

DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINNEHAN, JOHN X
12230 FLYNN WOODS ROAD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

JOHN X LINNEHAN

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

10372 BIGTREE LANE

JACKSONVILLE

City

FL

Zip Code

32257

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

John X Linnehan, Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-'01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINNEHAN, MARTINA W	
STREET ADDRESS	12230 FLYNN WOODS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DSTA	<input type="checkbox"/> Delete
NAME	LINNEHAN, JOHN X	
STREET ADDRESS	12230 FLYNN WOODS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	APPOLONE, EILEEN	
STREET ADDRESS	300 S ELM ST	
CITY-ST-ZIP	GREENVILLE NC 27858	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUGLER, JUDY	
STREET ADDRESS	4298 COVE WAY	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARL CHAMBERS	
STREET ADDRESS	2836 3RD AVE N.	
CITY-ST-ZIP	ST PETERSBURG, FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE CHAMBERS	
STREET ADDRESS	2836 3RD AVE N.	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

MARTINA W. LINNEHAN, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2001

(904) 262 5071
Daytime Phone #

CR2E037 (10/00)