

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

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90095 047 ***61.25

DOCUMENT # N00000001145

1. Entity Name

COMMUNITY RESOURCE CENTER OF DAYTONA BEACH, INC.



Principal Place of Business

**412 NORTH FREDERICK AVE.
DAYTONA BCH FL 32114**

Mailing Address

**412 NORTH FREDERICK AVE.
DAYTONA BCH FL 32114**

2. Principal Place of Business

605 N. SENGRAVE ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State

DAYTONA BEACH FL.

Zip

32114

Country

USA

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1720257**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCARLETT-GOLDEN, YVONNE
412 NORTH FREDERICK AVE.
DAYTONA BCH FL 32114**

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. 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
After September 10, 2003, min will be \$236.25

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

TITLE **D** ☐ Delete
NAME **SCARLETT-GOLDEN, YVONNE**
STREET ADDRESS **412 NORTH FREDERICK AVE.**
CITY-ST-ZIP **DAYTONA BCH FL 32114**

TITLE **D** ☐ Delete
NAME **PHILLIPS, EUGENE**
STREET ADDRESS **1347 CONTINENTAL DR.**
CITY-ST-ZIP **DAYTONA BCH FL 32114**

TITLE **D** ☐ Delete
NAME **SLATER, CYNTHIA**
STREET ADDRESS **815 S. KOTTLE CIR.**
CITY-ST-ZIP **DAYTONA BCH FL 32114**

TITLE **D** ☒ Delete
NAME **LEWIS, NORMA**
STREET ADDRESS **221 JEFFERSON**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☒ Delete
NAME **LEWIS, DOROTHY G**
STREET ADDRESS **429 TARRAGONA WAY**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Phillips, Dolores, H.**
STREET ADDRESS **1347 Continental Dr.**
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **X Yvonne Scarlett-Golden**

07-30-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)