

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

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90178 039 \*\*\*\*\*61.25

**DOCUMENT # N00000001273**

1. Entity Name

**THE COUNCIL OF GRANDPARENTS RAISING GRANDCHILDREN, INC.**



Principal Place of Business

C/O ADVOCATES PTA  
20733 NW 9TH COURT #202  
NORTH MIAMI FL 33169

Mailing Address

C/O ADVOCATES PTA  
20733 NW 9TH COURT #202  
NORTH MIAMI FL 33169

2. Principal Place of Business

**PATRICIA STRIPLING**  
Suite, Apt. #, etc.  
**202**

3. Mailing Address

**20733 N.W. 9 CT. #202**  
Suite, Apt. #, etc.  
**202**

City & State

**MIAMI GARDENS**

City & State

**FL.**

Zip

**33169**

Country

**MIAMI DADE**

Zip

**33169**

Country

**MIAMI DADE**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **91-2122403**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AOKER, WILLENE**  
**528 NW 19TH STREET**  
**MIAMI FL 33136**

7. Name and Address of New Registered Agent

Name **PATRICIA STRIPLING**

Street Address (P.O. Box Number is Not Acceptable)  
**20733 N.W. 9 CT. #202**

City **MIAMI GARDENS**

FL

Zip Code

**33169**

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 **LATSON, EDNA**  
STREET ADDRESS **1440 N.W. 69TH ST.**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☐ Delete  
NAME **SULLIVAN, BARBARA**  
STREET ADDRESS **1940 N.W. 55TH ST.**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete  
NAME **STEWART, CORA**  
STREET ADDRESS **1545 N.W. 30TH ST.**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete  
NAME **PERRY, GLORIA**  
STREET ADDRESS **3914 N.W. 207 ST.**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete  
NAME **REED, ATHA N**  
STREET ADDRESS **1841 N.E. 69TH TER.**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☐ Delete  
NAME **NELSON, CASSANDRA**  
STREET ADDRESS **11471 S.W. 225 ST.**  
CITY-ST-ZIP **GOULDS FL 33170**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.** ☒ Change ☐ Addition  
NAME **PATRICIA STRIPLING**  
STREET ADDRESS **20733 N.W. 9 CT. #202**  
CITY-ST-ZIP **MIAMI GARDENS, FL. 33169**

TITLE **V.** ☒ Change ☐ Addition  
NAME **Kim DANIELS**  
STREET ADDRESS **3090 S.W. 37 AVE.**  
CITY-ST-ZIP **MIAMI FL. 33133**

TITLE **S.** ☒ Change ☐ Addition  
NAME **DONNEIL HAILE**  
STREET ADDRESS **1450 N.E. 2 AVE.**  
CITY-ST-ZIP **MIAMI FL.**

TITLE **T.** ☐ Change ☐ Addition  
NAME **DOROTHY HALL**  
STREET ADDRESS **1337 N.W. 80 ST.**  
CITY-ST-ZIP **MIAMI, FL.**

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

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

**Aug 30, 2003 (305-6539291)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)