

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000003307

FILED
Feb 11, 2002 8:00 AM
Secretary of State

Entity Name: THE KESLER MENTORING CONNECTION, INC.

Current Principal Place of Business:

9700 PHILLIPS HWY STE 101
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9700 PHILLIPS HWY STE 101
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3645144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PASS, DEBORAH S
9700 PHILLIPS HWY STE 101
JACKSONVILLE, FL 32256

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: T () Delete
Name: CUDDIHEE, GUY
Address: 1 INDEPENDENT DRIVE STE 215
City-St-Zip: JACKSONVILLE, FL 32205

Title: T () Delete
Name: FALCONETTI, JOHN
Address: 2472 DENNIS STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: PASS, DEBORAH S
Address: 9700 PHILLIPS HWY STE 101
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: QUINLAN, THOMAS E
Address: 9700 PHILIPS HWY., STE. 102
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CROMER, CHARLES
Address: 50 N. LAURA STREET, STE. 3000
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: BROWN, ELAINE
Address: 117 W. DUVAL STREET, STE. 425
City-St-Zip: JACKSONVILLE, FL 32202

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

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

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: DEBORAH PASS

D

02/11/2002

Electronic Signature of Signing Officer or Director

Date

MRS. DELORES PASS KESLER
DELORES PASS KESLER FOUNDATION
9700 PHILIPS HIGHWAY, SUITE 101
JACKSONVILLE, FL 32256

MRS. LAURIE PRICE
HOPE HAVEN CHILDREN'S CLINIC
4600 BEACH BLVD.
JACKSONVILLE, FL 32207

MR. JAMES PRICE
UNIVERSITY OF NORTH FLORIDA
4567 ST. JOHNS BLUFF RD., S.
JACKSONVILLE, FL 32224