

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

**FILED**  
**Jun 10, 2003 8:00 am**  
**Secretary of State**

06-10-2003 90036 008 \*\*\*\*61.25

DOCUMENT # *N00000005043(L)*

1. Entity Name

*57TH AVENUE INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*5577 Avenue B*

3. Mailing Address

*8523 Laurens rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Jax, fl*

City & State

*Jax, fl 3*

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

*32209*

Country

*Duval*

Zip

*32208*

Country

*Duval*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Chern D. Ward*

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

*7835 Cloverleaf st*

City

*Jax*

FL

Zip Code

*32244*

**DO NOT WRITE  
IN THIS SPACE**

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

*Chern D. Ward*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President George W. Ward 8523 Laurens rd Jax, fl 32208</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Elwin L. Phillips 1231 Kenmore st Jax, fl 32208</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Frankie L. Davis 7835 Cloverleaf st Jax, fl 32244</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Adam R. Waters 8049 Heiston Dr.</i>
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IN THIS SPACE**

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Adam R. Waters*

Attachment

80125358

5/15/03

CORPORATE DETAIL RECORD SCREEN

2:49 PM

NUM: N00000005043 ST:FL ACTIVE/FL NON-PROF FLD: 07/24/2000

FEI#: 43-1958981

NAME : 57TH AVENUE INC.

PRINCIPAL: 5577 AVENUE "B"

ADDRESS JACKSONVILLE, FL 32209

RA NAME : WARD, CHERON O

RA ADDR : 7835 CLOVERLEAF STREET

JACKSONVILLE, FL 32244 US

ANN REP : (2001) A 05/16/01 (2002) A 05/30/02

~~1...MENU, 3...OFFICERS, 7...LIST, 8...NEXT, 9...PREV.~~

ENTER SELECTION AND CR: