

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90175 020 ****66.25

DOCUMENT # N00000005930

1. Entity Name

SOUTHEAST ENTREPRENEURS ENTERPRISE KINGDOM COMMUNITY CENTER, INCORPORATED



Principal Place of Business

**C/O SHOWERS OF BLESSINGS HARVEST CENTER
2615 SE 15 STREET
GAINESVILLE FL 32641**

Mailing Address

**C/O SHOWERS OF BLESSINGS HARVEST CENTER
2615 SE 15 STREET
GAINESVILLE FL 32641**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3935275**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KING, LINDA A
1702 NE 15 TERRACE
GAINESVILLE FL 32609**

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

Linda A. King

Linda A. King

4/28/03

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	KING, LINDA A	
STREET ADDRESS	1702 NE 15TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KING, WILLIE L JR	
STREET ADDRESS	1702 NE 15TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HARRIS, MICHELLE G	
STREET ADDRESS	7215 SW 18TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, BRANDON	
STREET ADDRESS	7215 SW 18TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEEVERS, NORHAM	
STREET ADDRESS	3830 SW 29TH TERRACE APT B	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORD, MAXINE	
STREET ADDRESS	3530 SW 29TH TERRACE APT B	
CITY-ST-ZIP	GAINESVILLE FL 32608	

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	S	<input checked="" 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 type="checkbox"/> Addition
NAME	Seavers, Norman	
STREET ADDRESS	3830 SW 29th Terr. Apt. B	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Word, Maxine	
STREET ADDRESS	2142 N.E. 13th St.	
CITY-ST-ZIP	Gainesville, FL 32646	

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:

Linda A. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-375-3589

CR2E037 (10/02)

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