MAY-21-01 09:38 AM DEBBIE.HENRETTY

FILED
Jun 07, 2001 8:00 am
Secretary of State
05-03-2001 91128 039 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006282

1. Entity Name

PANAMA PARK CONCERNED CITIZENS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
776 EAST 56TH STREET JACKSONVILLE FL 32208	776 EAST 56TH STREET JACKSONVILLE FL 32208

[redacted]

DO NOT WRITE IN THIS SPACE

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 — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCOMBS, VAN KIRK II ESQ BURGE & WETTERMARK, P.C. ONE INDEPENDENT DRIVE STE 3100 JACKSONVILLE FL 32202	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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HENSON, DEBORAH D 776 EAST 56TH STREET JACKSONVILLE FL 32208	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DORMAN, JERRY D 6474 EVERGREEN AVE JACKSONVILLE FL 32208	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILSON, LINDA D 3144 MONTCALM DRIVE JACKSONVILLE FL 32208	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E087 (10/00)

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 4/30/01 904-765-8319

Signature and Typed or Printed Name of Individual Officer or Director — Date — Daytime Phone #