

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006962

1. Entity Name

NORTH FLORIDA COALITION FOR SUPPORT OF FAMILY WE

Principal Place of Business

PMB. 199.13170 ATLANTIC BLVD ST 58  
JACKSONVILLE FL

Mailing Address

PMB. 199.13170 ATLANTIC BLVD ST 58  
JACKSONVILLE FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SHELTON, JOYCE  
2175 FOREST GATE DR E  
JACKSONVILLE FL 32246

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.

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

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

TITLE ☐ Delete  
NAME Dr President  
STREET ADDRESS SHELTON, JOYCE REV  
CITY-ST-ZIP 2175 FOREST GATE DR E  
JACKSONVILLE FL 32246

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS BRITTON, RUTH DR  
CITY-ST-ZIP 6341 ROUND LAKE RD N  
JACKSONVILLE FL 32277

TITLE ☐ Delete  
NAME DS  
STREET ADDRESS HERBERT, KATHLEEN DR  
CITY-ST-ZIP 7958 RENAULT DR  
JACKSONVILLE FL 32244

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS MASTROCINQUE, TRACI  
CITY-ST-ZIP 1109 22ND ST N  
JACKSONVILLE FL 32250

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME Co-Vice President  
STREET ADDRESS Mary Ann Robles  
CITY-ST-ZIP 10889 Indies Driven  
JACKSONVILLE, FL 32246

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

TITLE ☒ Change ☐ Addition  
NAME Treasurer  
STREET ADDRESS Kathy Herbert  
CITY-ST-ZIP 7958 Renault Drive  
JACKSONVILLE FL 32244

TITLE ☒ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS Traci Mastrocinque  
CITY-ST-ZIP 1109 22nd STREET N  
JACKSONVILLE BEACH, FL 32250

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Traci Mastrocinque 2/1/01 904-221-9906

Date

Daytime Phone #

FILED  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90056 032 \*\*\*\*61.25

00014269



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)