FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an atta

SIGNATURE

Jan 31, 2002 8:00 am Secretary of State DOCUMENT # N0000007145 1. Entity Name 01-31-2002 90012 031 ****61.25 REMBRANDT COMMUNITY DEVELOPMENT CENTER INCORPORA TED Principal Place of Business Mailing Address 4839 E. 99TH AVE. 4839 E. 99TH AVE. R0014421 JAMPA FL 33817-JAMPA PL 33017 Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3679972 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Merch MUULA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NUNN, STEPHEN A 4839 E. 99TH AVE. **TAMPA FL 33617** City 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DIRECTOR (9/01 TITLE ☐ Delete TITLE ☐ Change **X** Addition THERESA LEWIS NAME NUNN. STEPHEN A NAME 4111 E. HANNA ALE. CR2E037 STREET ADDRESS STREET ADDRESS 4839 E. 99TH AVE. CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33617 TITLE ☐ Delete TITLE Change Addition MASON, GREG NAME NAME STREET ADDRESS STREET ADDRESS 1113 OKALOOSA AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 Change ☐ Addition TITLE ☐ Delete TITLE NAME GODDARD, VALERIE NAME STREET ADDRESS STREET ADDRESS 2511 KNOLLWOOD CT. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** TITLE ☐ Delete TITLE Change Addition NAME LINDSEY, TERYL NAME STREET ADDRESS 7144 E. BANK DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33617** TITLE ☐ Delete TITLE Change Addition SCOTLAND, FOSTER NAME NAME STREET ADDRESS STREET ADDRESS 8702 TERRA OAKS ROAD CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33637** TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby-certify that the information supplied with this filling 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 empowed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if