

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # NO1000001077**

Entity Name

NORTH FLORIDA TURKISH/AMERICAN CULTURAL ASSOCIATION**FILED**
Apr 02, 2002 8:00 am
Secretary of State

02-20-2002 90074 033 ****70.00

Principal Place of Business

Mailing Address

30 HIDDEN VILLAGE DR
JACKSONVILLE FL 322162630 HIDDEN VILLAGE DR
JACKSONVILLE FL 32216

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3699701

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
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)

City

FL

Zip Code

CRAWFORD, CIGDEM
2630 HIDDEN VILLAGE DR
JACKSONVILLE FL 32216

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 FeesMake Check Payable to
Department of State

0. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CRAWFORD, CIGDEM	
STREET ADDRESS	2630 HIDDEN VILLAGE DR	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	IPAR, LAURIE R	
STREET ADDRESS	2239 MARCEL DR	
CITY-STATE-ZIP	ORANGE PARK, FL 32073	
TITLE	S	<input type="checkbox"/> Delete
NAME	TURKER, DIANNA	
STREET ADDRESS	3971 S SAN PABLO RD	
CITY-STATE-ZIP	JACKSONVILLE FL 32224	
TITLE	T	<input type="checkbox"/> Delete
NAME	BILGIN, SEVINE SEVINE (misspelling)	
STREET ADDRESS	8817 KERSEY DR	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abullah Kar	
STREET ADDRESS	13278 Grant Logan Ln.	
CITY-STATE-ZIP	Jax, FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

2. 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

Date

Daytime Phone #

CRAWFORD, CIGDEM CRAWFORD 2/5/02 904-724-9202

CR2E037 (9/01)