

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90220 031 ****61.25

DOCUMENT # NO1000002923

1. Entity Name

THE GABRIEL CENTER INCORPORATED



Principal Place of Business

**8636 WHITE ROSE DRIVE
ORLANDO FL 32818**

Mailing Address

**8636 WHITE ROSE DRIVE
ORLANDO FL 32818**

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 **59-3722199**

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

**HARDY, JO ANN
8636 WHITE ROSE DRIVE
ORLANDO FL 32818**

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

Jo A Hardy P/D

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/03

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	D/T	<input checked="" type="checkbox"/> Delete
NAME	BROWN, BEATRICE D	
STREET ADDRESS	8636 WHITE ROSE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	HARDY, JO ANN D	
STREET ADDRESS	8636 WHITE ROSE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D/T	<input checked="" type="checkbox"/> Delete
NAME	KENDALL, MARY D	
STREET ADDRESS	4912 EASTERCIRCLE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	HARDY, JO ANN P/D	
STREET ADDRESS	8636 WHITE ROSE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	HARDY, CHRISTOPHER C V/D	
STREET ADDRESS	8636 WHITE ROSE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	MORRIS, CARMEN N S/T/D	
STREET ADDRESS	5222 N. O. BLOSSOM TRAIL APT. 105	
CITY-ST-ZIP	ORLANDO FL 32810	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASOM C. BROWN	
STREET ADDRESS	7155 MARTIN L. KING DR.	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Cunningham	
STREET ADDRESS	1155 MARTIN L. KING DR.	
CITY-ST-ZIP	ORLANDO, FL 32805	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

5/8/03 (407) 354-2640

CR2E037 (10/02)