

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

APPROVED  
AND  
FILED

02 MAY -3 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N010000 D 3190*

1. Entity Name

*Building Lasting And Caring Kinships through  
Collaboration, Advocacy, Faith, and Education*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*323 Massachusetts Ave*  
Suite, Apt. #, etc.

3. Mailing Address

*PO BOX 11404*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Pensacola FL*

City & State

*Pensacola FL*

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

*32505*

Country

*USA*

Zip

*32524*

Country

*USA*

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Mikka Johnson*

Street Address (P.O. Box Number is Not Acceptable)

*6972 Vivian Drive*

City

*Pensacola*

FL

Zip Code

*32505*

**DO NOT WRITE  
IN THIS SPACE**

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

*Mikka Johnson*

*Mikka Johnson*

*05/13/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>D.</i> <i>Jonet Gaston</i> <i>19 Patton Dr</i> <i>Pensacola FL 32507</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D.</i> <i>Mary McWain</i> <i>1295 W Fairfield Dr</i> <i>Pensacola FL 32501</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D.</i> <i>Mikka Johnson</i> <i>6972 Vivian Dr</i> <i>Pensacola FL 32505</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>—</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>—</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>—</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**000005450920--3**  
**-05/03/02--01090--001**  
**\*\*\*\*\*70.00 \*\*\*\*\*70.00**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

*Mikka Johnson*

*05/09/02 (850) 494-1375*

CR2E037B (12/01)