

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003235

1. Entity Name

COMMUNITY ADVOCACY GROUP, INCORPORATED

Principal Place of Business

Mailing Address

113 WEST 17TH STREET
JACKSONVILLE FL 32206

113 WEST 17TH STREET
JACKSONVILLE FL 32206

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

25-3031089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELKLEY, CAROLINE
6246 MANEY DRIVE
JACKSONVILLE FL 32216

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 PD
NAME WELKLEY, CAROLINE
STREET ADDRESS 6246 MANEY DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE VD
NAME BENCIVENGA, ROBERT
STREET ADDRESS 4233 COLONIAL AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE SD
NAME CLARE, PATRICIA A
STREET ADDRESS 8757 COMO LAKE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

TITLE TD
NAME FRAZIER, BEVERLY E
STREET ADDRESS 2199 ASTOR STREET, #305
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Carolanne Welkley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02
Date

(904) 781-5240
Daytime Phone #

CR2E037 (9/01)