

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01000003311**

1. Entity Name

**THE TRI-CITY FAITH-BASE COMMUNITY DEVELOPMENT CO  
RPORATION, INCORPORATED**

Principal Place of Business

**304 DR. M.L. KING AVENUE. EAST  
BRADENTON FL 34208**

Mailing Address

**304 DR. M.L. KING AVENUE. EAST  
BRADENTON FL 34208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

F. FEE Number

**65-1118669**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, HENRY L  
2441 WALKER CIRCLE  
SARASOTA FL 34234**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
min. will be \$236.25.**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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**Frank Goddard  
811-12th Ave W.  
Bradenton, FL 34205****"T"****Geraldine Jackson  
1315 26th St E  
Palmetto, FL 34221****"T"****Brinda Thompson  
2708 18th St  
Sarasota, FL 34234****"D"**

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: **Brinda Thompson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/02**

Date

**941-365-1564**

Daytime Phone #

CR2037 (4/02)