

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

DOCUMENT # N01000003743

1. Entity Name  
**BENNETT RESOURCE GROUP COMMUNITY SERVICE CORPORATION**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 10 AM 10:33

Principal Place of Business  
833 CENTRAL ST.  
TALLAHASSEE, FL 32303

Mailing Address  
833 CENTRAL ST.  
TALLAHASSEE, FL 32303

2. Principal Place of Business

3. Mailing Address

2711 Lacota Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Waterford Michigan

Zip

Country

Zip

Country

48328

US

4. FEI Number

38-3213643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NIMS, MAMIE A  
833 CENTRAL ST.  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name  
Zoe Allen Bennett  
Street Address (P.O. Box Number is Not Acceptable)  
833 Central Street  
Tallahassee  
City  
FL Zip Code  
32303

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

*Zoe Allen Bennett*

7-10-03

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, ZOE A	
STREET ADDRESS	833 CENTRAL ST.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, LEONARD	
STREET ADDRESS	2711 LACOTA RD.	
CITY-ST-ZIP	WATERFORD, MI 48328	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, ELBERT	
STREET ADDRESS	833 CENTRAL ST.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000021451750
CITY-ST-ZIP	07/10/03--01021--001 **211.25
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	
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:

*Zoe Allen Bennett*

7-10-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)