

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90919 033 \*\*\*\*61.25

**DOCUMENT # NO1000004320**

1. Entity Name

**SERA HOUSING CORPORATION, INC.**



Principal Place of Business

**21310 N.W. 37TH AVENUE  
CAROL CITY FL 33056**

Mailing Address

**21310 N.W. 37TH AVENUE  
CAROL CITY FL 33056**

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 **06-1622538**

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

7. Name and Address of New Registered Agent

**TUMPKIN, MARY A DR.  
21310 N.W. 37TH AVENUE  
% UNIVERSAL TRUTH CENTER  
CAROL CITY FL 33056**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>TUMPKIN, MARY A</b>            |                                 |
| STREET ADDRESS | <b>21310 N.W. 37TH AVENUE</b>     |                                 |
| CITY-ST-ZIP    | <b>CAROL CITY FL 33056</b>        |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>COLEMAN, JOHNNIE DR.</b>       |                                 |
| STREET ADDRESS | <b>11901 SOUTH ASHLAND AVENUE</b> |                                 |
| CITY-ST-ZIP    | <b>CHICAGO IL</b>                 |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>DUHANEY, TREVOR</b>            |                                 |
| STREET ADDRESS | <b>6100 N.W. 167TH STREET</b>     |                                 |
| CITY-ST-ZIP    | <b>MIAMI LAKES FL 33014</b>       |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>DUHANEY, TREVOR</b>            |                                 |
| STREET ADDRESS | <b>6100 N.W. 167TH STREET</b>     |                                 |
| CITY-ST-ZIP    | <b>MIAMI LAKES FL 33014</b>       |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>PHILLIPS, ROY</b>              |                                 |
| STREET ADDRESS | <b>12725 S.W. 218TH STREET</b>    |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33170</b>             |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| 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    |  |   |
| 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 persons empowered.

SIGNATURE:

**SIGNATURE: TUMPKIN, MARY A**

**4/11/03 305-624-4991**

CR2E037 (10/02)