

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

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90018 024 ****61.25

DOCUMENT # N01000005944

1. Entity Name

SOUTHERN BELLE CHARITIES INC.



Principal Place of Business

**1400 ORANGE AVE., UNIT 1425
GREEN COVE SPRINGS FL 32043**

Mailing Address

**PO BOX 668
GREEN COVE SPRINGS FL 32043**

2. Principal Place of Business

1400 ORANGE Ave

3. Mailing Address

3939 Everington Rd

Suite, Apt. #, etc.

Unit 1425

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL

City & State

GREEN COVE SPRINGS, FL

Zip

32043

Country

U.S.A.

Zip

32043

Country

U.S.A

4. FEI Number **59-3740864**

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

**BURNETTE, DONNA L
614 N. ORANGE AVE.
GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name

Burnette, Donna L.

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

3939 Everington Rd

City

GREEN COVE SPRINGS,

FL

Zip Code

32043

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

TITLE **D** Delete
NAME **BURNETTE, DONNA L**
STREET ADDRESS **614 N. ORANGE AVE.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** Delete
NAME **ROGERS, DOROTHY I**
STREET ADDRESS **3936 EVERINGTON RD.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** Delete
NAME **BURGESS, DUANE D**
STREET ADDRESS **425 HARVEST BEND DR.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Change Addition
NAME **BURNETTE, DONNA L.**
STREET ADDRESS **3939 EVERINGTON RD**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **SIGNATURE REQUIRED** **DONNA L. BURNETTE** 2/13/03 904-284-5232

CR2E037 (10/02)

UBR03310