

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000006357

1. Entity Name

CHRISMA NEW HORIZON BOYS HOME, INC.

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90070 008 *****70.00

Principal Place of Business

12739 SERENADE CT. NORTH
JACKSONVILLE FL 32225

Mailing Address

12739 SERENADE CT. NORTH
JACKSONVILLE FL 32225

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

59-3761289

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH-MOBLEY, CYCLYN
12739 SERENADE CT. NORTH
JACKSONVILLE FL 32225

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SMITH-MOBLEY, CYCLYN
STREET ADDRESS 2558 ALDEN TRACE BLVD. W.
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD
NAME STRACHAN, IDELL A
STREET ADDRESS 2558 ALDEN TRACE BLVD. W.
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MOBLEY, MATTHEW C
STREET ADDRESS 2558 ALDEN TRACE BLVD. W.
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RODRIGUEZ, YVONNE
STREET ADDRESS 5101 CURRY FORD RD., APT 3
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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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 or empowered.

SIGNATURE:

Cyclyn B. Smith-Mobley
CYCLYN B. SMITH-MOBLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 (904)642-3007

Date Daytime Phone #

CR2E037 (9/01)