

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90151 001 \*\*\*\*69.00

DOCUMENT # NDI 000006040  
1. Entity Name  
Remnant Rehabilitative Counseling and  
Outreach Services, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2864-64th Ave So  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 11205  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
St Petersburg, FL  
Zip  
33712  
Country  
Pinellas

City & State  
St Petersburg, FL  
Zip  
33733  
Country  
Pinellas

4. FEI Number EIN #  
59-3756365  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Juliette Bartley-Warner  
Street Address (P.O. Box Number is Not Acceptable)  
2864-64th Ave So  
City  
St Petersburg FL Zip Code  
33712

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

**FEE IS \$61.25  
Initial or Amended UBR**

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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO / Treasurer / President <u>Juliette Warner</u> <u>2864-64th Ave So</u> <u>St Petersburg, FL 33712</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <u>Darryl Rouson</u> <u>3110-1st Ave Nw Ste 55W</u> <u>St Petersburg, FL 33713</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <u>Perkins Shelton</u> <u>2920- Pallanza Drive South</u> <u>St Petersburg, FL 33705</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <u>Mary Conyers</u> <u>2941-2nd Ave So</u> <u>St Pete, FL 33712</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Director <u>Kelly Gaslin</u> <u>3632- Emerson Ave</u> <u>St Pete, FL 33711</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Homeless Advocate <u>Anthony Gaines</u> <u>1520- 4th Street Nw</u> <u>St Pete, FL 33704</u>

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)