

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90243 045 \*\*\*\*70.00

**DOCUMENT # N01000006640**

1. Entity Name

**REMANT REHABILITATIVE COUNSELING AND OUTREACH SERVICES, INC.**



Principal Place of Business

**2864 64TH AVE SOUTH  
ST PETERSBURG FL 33712**

Mailing Address

**P.O BOX 11205  
ST PETERSBURG FL 33733**

**55015101**

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 **59-3756365**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WARNKE, JULIETTE B  
2864 64TH AVE SOUTH  
ST PETERSBURG FL 33712**

7. Name and Address of New Registered Agent

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 **PTCE** ☐ Delete  
NAME **WARNKE, JULIETTE B** "D"  
STREET ADDRESS **2864 64TH AVE SOUTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33712**

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

TITLE **VP** ☐ Delete  
NAME **ROUSON, DARRYL** "D"  
STREET ADDRESS **3110 1ST AVENUE NORTH SUITE 5SW**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

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

TITLE **S** ☐ Delete  
NAME **SHELTON, PERKINS T** "D"  
STREET ADDRESS **2920 PALLANZA DR SOUTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33705**

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

TITLE **D** ☐ Delete  
NAME **CONYERS, MARY**  
STREET ADDRESS **2941 2ND AVENUE SOUTH**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE **Member** ☐ Change ☒ Addition  
NAME **Pastor Mary Jones**  
STREET ADDRESS **225 - 37th Street N10**  
CITY-ST-ZIP **St Petersburg, FL 33713**

TITLE **MD** ☐ Delete  
NAME **GASKINS, KELLY**  
STREET ADDRESS **3632 EMERSON AVENUE**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE **Member** ☐ Change ☒ Addition  
NAME **Ray Williams**  
STREET ADDRESS **205-24th Ave SE**  
CITY-ST-ZIP **St Petersburg, FL 33705**

TITLE **HA** ☐ Delete  
NAME **GAINES, ANTHONY**  
STREET ADDRESS **1520-4TH STREET NORTH**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

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:

*Juliette B. Warnke* **Juliette B. Warnke** 1/3/03 (122) 867-7802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Phone #

CR2E037 (10/02)