

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90269 049 ****61.25

DOCUMENT # NO1000006735

1. Entity Name

THE CHANCE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1302 EAST ROBINSON ST
 ORLANDO FL 32801**

**1302 EAST ROBINSON ST
 ORLANDO FL 32801**

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

59-3756554

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGHEE, CARLA
 1302 EAST ROBINSON ST
 ORLANDO FL 32801**

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	D	<input type="checkbox"/> Delete
NAME	MCGHEE, CARLA	
STREET ADDRESS	1302 EAST ROBINSON ST	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	DYSON, LAMEKA	
STREET ADDRESS	8278 AUDRAIN DR	
CITY-ST-ZIP	ST. LOUIS MO 63121	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HALL, DAWN	
STREET ADDRESS	2814 M.L.DR	
CITY-ST-ZIP	PEORIA IL 61604	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GARNER, BRUNETTA	
STREET ADDRESS	7742 SHAMROCK	
CITY-ST-ZIP	MILLINGTON TN 38053	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, KAREN E	
STREET ADDRESS	2005 PEORIA ST	
CITY-ST-ZIP	PEORIA IL 61603	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOY, JAMES L	
STREET ADDRESS	2221 N. ARDELL PLACE	
CITY-ST-ZIP	PEORIA IL 61614	

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		
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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 like empowered.

SIGNATURE:

Carla R. McGhee **CARLA R. MCGHEE** 4/12/02 321-278-7283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)