

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90197 005 ****61.25

DOCUMENT # N01000006894

1. Entity Name
GYR/HOME FOR HIV KIDS, INC.



Principal Place of Business
**175 W. GRANADA BLVD., STE. 201
ORMOND BEACH FL 32174-6362**

Mailing Address
**175 W. GRANADA BLVD., STE. 201
ORMOND BEACH FL 32174-6362**

2. Principal Place of Business
**2800 N. ATLANTIC AVE.
Suite, Apt. #, etc.
TOWERS 409**

3. Mailing Address
**2800 N. ATLANTIC AVE
Suite, Apt. #, etc.
TOWERS 409**

City & State
DAYTONA BEACH FL

City & State
DAYTONA BEACH FL

Zip
32118 Country **USA**

Zip
32118 Country **USA**

4. FEI Number **22-3850951**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHecter, RANDAL L ESQ
175 W. GRANADA BLVD., STE. 201
ORMOND BEACH FL 32174-6362**

7. Name and Address of New Registered Agent

Name **RICHARD K. CHURCHMAN, CPA**

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

1255 MASON AVE

City **DAYTONA BEACH FL** Zip Code **32117**

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 *Richard K Churchman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-03

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 **PD** ☐ Delete
NAME **ELLIS-MOSHER, ESTA**
STREET ADDRESS **2500 N ATLANTIC AVE #409**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **D** ☐ Delete
NAME **NOVICKE, GLADYS**
STREET ADDRESS **15 SUNRISE AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☐ Delete
NAME **TURNER, LINDA**
STREET ADDRESS **2014 BOBO ROAD**
CITY-ST-ZIP **DALLAS GA 30132**

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

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

TITLE ☐ Change ☐ Addition
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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: *Esta Ellis-Mosher*

2/12/03

Daytime Phone #

CR2E037 (10/02)