

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

4/16

04-16-2003 90242 010 ****61.25

DOCUMENT # N01000007239

1. Entity Name

JOEL P. PARKER FOUNDATION, INC.



Principal Place of Business

**1841 CR 209-B
GREEN COVE SPRINGS FL 32043**

Mailing Address

**1841 CR 209-B
GREEN COVE SPRINGS FL 32043**

55031643



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

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

**PARKER, C.F. SR
1841 CR 209-B
GREEN COVE SPRINGS FL 32043**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PARKER, C.F. SR	
STREET ADDRESS	1841 CR 209-B	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	DYST	<input type="checkbox"/> Delete
NAME	PARKER, JENNIFER	
STREET ADDRESS	1841 CR 209-B	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, REGINA	
STREET ADDRESS	1841 CR 209-B	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 05-08-2002
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 02-0591320
FORM: SS-4
0132856021 0

JOEL P PARKER FOUNDATION INC
% CONRAD F PARKER
1841 CR 209B
GREEN COVE SPRINGS FL 32043

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

~~Thank you for your Form SS-4, Application for Employer Identification Number~~
(EIN). We assigned you EIN 02-0591320. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Keep this part for your records.

CP 575 E (Rev. 1-2001)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 E

0132856021

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 05-08-2002
EMPLOYER IDENTIFICATION NUMBER: 02-0591320
FORM: SS-4

INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

JOEL P PARKER FOUNDATION INC
% CONRAD F PARKER
1841 CR 209B
GREEN COVE SPRINGS FL 32043