

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90052 024 *****70.00

DOCUMENT # N01000008899

1. Entity Name

FRESH START COMMUNITY RESOURCE CENTER, INC.



Principal Place of Business

**600 E. 4TH ST.
JACKSONVILLE FL 32206**

Mailing Address

**11150 FORT CAROLINE RD
JACKSONVILLE FL 32225**

2. Principal Place of Business

FRESH START COMMUNITY RESOURCE CTR
Suite, Apt. #, etc.

3. Mailing Address

11150 FORT CAROLINE ROAD
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

Zip

32206

Country

USA

Zip

32225

Country

USA

4. FEI Number

APPLIED FOR

80-0005427

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, RONNIE
11150 FT. CAROLINE RD.
JACKSONVILLE FL 32225**

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

TITLE **DP** ☐ Delete
NAME **COHEN, RONNIE**
STREET ADDRESS **11150 FT. CAROLINE RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete
NAME **ROSS, DENISE**
STREET ADDRESS **2227 W. 27TH ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **DST** ☐ Delete
NAME **COHEN, ANNIE L**
STREET ADDRESS **11150 FT. CAROLINE RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☒ Delete
NAME **BROWN, THELMA**
STREET ADDRESS **3602 COLLEGE ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **DV** ☐ Delete
NAME **JENKINS, SHAWN**
STREET ADDRESS **5885 EDENFIELD RD APT A-1**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D Newbill, Marlo**
STREET ADDRESS **211 Pecan ST**
CITY-ST-ZIP **Jacksonville, FL 32211**

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

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:

SIGNATURE REQUIRED

4-1-03 (gov) 641-6919

CR2E037 (10/02)