

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000000265

FILED
May 01, 2003
Secretary of State

Entity Name: THE FAMILY CRISIS CENTER , INC

Current Principal Place of Business:

1209 WEST MAIN ST
LEESBURG, FL 34748

New Principal Place of Business:

1210 WEST MAIN ST
LEESBURG, FL 34748

Current Mailing Address:

5337 BANANA POINT DRIVE
OKAHUMPKA,, FL 34762

New Mailing Address:

FEI Number: 03-0376978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHERRY, KATHY A
5337 BANANA POINT DR.
OKAHUMPKA,, FL 34762

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUNDERSTADT, CARL
Address: 39548 CREST COURT
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: AHERN, PETE
Address: 2025 TANGERINE COURT
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: BASS, ANN
Address: 1008 HAMLIN AVE
City-St-Zip: HOWEY-IN-THE -HILLS, FL 34737

Title: D () Delete
Name: CHERRY, KATHY
Address: 5337 BANANA POINT DR
City-St-Zip: OKAHUMPKA,, FL 34762

Title: D () Delete
Name: KNOWLES, STEVE
Address: 1212 SOUTH 7TH ST
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: SCHULTE, KIM
Address: 720 WEST MAGNOLIA ST
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEE, DIANA
Address: P.O. BOX 70
City-St-Zip: SUMTERVILLE, FL 33585

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL LUNDERSTADT, SR.

P

05/01/2003

Electronic Signature of Signing Officer or Director

Date

PAULA MOORE
10512 CRYSTALL RIDGE COURT
CLERMONT, FL 34711

THOMAS MOORE
10512 CRYSTALL RIDGE COURT
CLERMONT, FL 34711

LIEUTENANT TODD LUCE
LAKE COUNTY SHERIFF'S OFFICE
P.O. BOX 7800
TAVARES, FL 32778

SHERIFF GEORGE KNUPP
LAKE COUNTY SHERIFF'S OFFICE
P.O. BOX 7800
TAVARES, FL 32778

LIEUTENANT TODD LUCE
LAKE COUNTY SHERIFF'S OFFICE

SHERIFF GEORGE KNUPP
LAKE COUNTY SHERIFF'S OFFICE
P.O. BOX 7800
TAVARES, FL 32778