

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

0006420

DOCUMENT # N02000001312

1. Entity Name

CALL TO HELP MISSION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 18 AM 9:43

Principal Place of Business

1120 WOODBERN LN.
TALLAHASSEE FL 32304

Mailing Address

1120 WOODBERN LN.
TALLAHASSEE FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

ALLEN, PATRICIA A
1120 WOODBERN LN.
TALLAHASSEE FL 32304

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | Patricia Allen, President |
| STREET ADDRESS | 1805 Rodeo Dr. |
| CITY-ST-ZIP | Tallahassee, FL 32311 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | Conthiat Yant, Director |
| STREET ADDRESS | 205 7th Ave |
| CITY-ST-ZIP | Tallahassee, FL 32301 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | Barbara Ivey, T. |
| STREET ADDRESS | 29th Meadows |
| CITY-ST-ZIP | Tallahassee, FL 32302 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| STREET ADDRESS | |
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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: *Patricia Allen* **SIGNATURE REQUIRED**

4/18/03

CR2E037 (10/02)