

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-02-2003 90121 002 ****70.00

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

DOCUMENT # N02000001499

1. Entity Name

PROJECT S.O.C.K. WESIDE COMMUNITY
ACADEMY OF LEARNING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6974 Wilson Blvd

Suite, Apt. #, etc.

8802 Ivy Mill Place North

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

42-1529018

Applied For

Not Applicable

Zip
32210

Country
Duval

Zip
32244

Country
Duval

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Mills, Genell M.

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

8802 Ivy Mill Place North

City Jacksonville

FL

Zip Code
32244

**DO NOT WRITE
IN THIS SPACE**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P/C - Jacobs, Mary Ann
3441 Kingston Street
Jacksonville, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V - Moore, Donny
4322 Biddy Lane
Jacksonville, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T - Watts, Sandra D
5654 Bryner Drive
Jacksonville, FL 32244

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S - Guyron L. Mills D
8802 Ivy Mill Place North
Jacksonville, FL 32244

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D - Lindsey, Robin
11718 Harts Road
Jacksonville, FL 32254

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Guyron L. Mills*

Guyron L. Mills

3/24/03

(904)573-1679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC37B (12/02)