

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90116 031 ****61.25

DOCUMENT # N02000002516

1. Entity Name

BURNETTE-HARMON-WOODS COMMUNITY RESOURCE CENTER, INC.



Principal Place of Business

**304 TILDEN ROAD
FORT WALTON BEACH FL 32548**

Mailing Address

**5347 WINDING GLEN DR.
LITHONIA GA 30038**

2. Principal Place of Business

3. Mailing Address

P.O. Box 16

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mary Esther, FL

4. FEI Number

01-0660678

Applied For

Not Applicable

Zip

Country

32569-0016

USA

Zip

Country

32569-0016

USA

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

**RILEY, TAMMY D
8190 TORTUGA STREET
NAVARRE FL 32566**

Name

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

5011 Winding Glen Dr. 207 Combs Manor

City

Lithonia Ft Walton Bch FL

Zip Code

32548

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

Tammy D. Riley, Registered Agent

1/6/02

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 **D** ☐ Delete
NAME **RILEY, TAMMY**
STREET ADDRESS **5347 WINDING GLEN DRIVE**
CITY-ST-ZIP **LITHONIA GA 30037**

TITLE **Dr. James Hill** ☐ Change ☒ Addition
NAME **232 Stephen Ave.**
STREET ADDRESS **Mary Esther, FL 32569**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BARRY, GARY**
STREET ADDRESS **217 BURNETTE AVE.**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

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

TITLE **D** ☐ Delete
NAME **RILEY-BRONADNAX, DEBBIE**
STREET ADDRESS **8190 TORTUGA**
CITY-ST-ZIP **NAVARRE FL 32566**

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

TITLE **D** ☒ Delete
NAME **RILEY, GLADYS**
STREET ADDRESS **225 OXFORD COURT**
CITY-ST-ZIP **MARY-ESTHER FL 32569**

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

TITLE **D** ☐ Delete
NAME **GLADYS, RILEY**
STREET ADDRESS **207 COMBS MANOR COURT**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

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

TITLE **D** ☒ Delete
NAME **RODGERS, EDDIE**
STREET ADDRESS **308 SHIRLEY DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

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:

Tammy D. Riley, Registered Agent

1/6/02 770-322-8222

CR2E037 (10/02)