

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

4/3

04-03-2003 90200 045 ****61.25

DOCUMENT # N02000003967

1. Entity Name

FLORIDA FAITH-BASED COALITION, INC.



Principal Place of Business

**130 COTTILLION CIRCLE
TALLAHASSEE FL 32312**

Mailing Address

**130 COTTILLION CIRCLE
TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

300090638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GREEN, JOHN F REV.
130 COTTILLION CIRCLE
TALLAHASSEE FL 32312**

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 ☒ Delete
NAME **D GREEN, PHYLLIS**
STREET ADDRESS **130 COTTILLION CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☒ Delete
NAME **D STEWART, AREATHA**
STREET ADDRESS **2500 22ND ST. SOUTH**
CITY-ST-ZIP **ST. PETE FL 33712**

TITLE ☒ Delete
NAME **D GIBSON, BELINDA**
STREET ADDRESS **2500 22ND ST. SOUTH**
CITY-ST-ZIP **ST. PETE FL 33712**

TITLE ☐ Delete
NAME **D GREEN, JOHN F REV.**
STREET ADDRESS **501 WEST ORANGE AVE.**
CITY-ST-ZIP **TALLAHASSEE, FL 32300**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D Felicia Gamble**
STREET ADDRESS **2001 THOMASVILLE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☒ Addition
NAME **D Darral Jones**
STREET ADDRESS **INSTITUTE ON URBAN POLICY**
CITY-ST-ZIP **AT COMMERCIAL AT FAMU FL 32307**

TITLE ☐ Change ☒ Addition
NAME **D Henry E. Green Jr.**
STREET ADDRESS **414 HERMAN AVE. E.**
CITY-ST-ZIP **2245 W. BUNCHE PK. DRIVE
OPA-LOKA, FL 33054**

TITLE ☐ Change ☒ Addition
NAME **D Tony D. Hansberry**
STREET ADDRESS **Gr. Payne Ave. E. Church**
CITY-ST-ZIP **130 23rd Street
TALLAHASSEE FL 32206**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03 (850) 894-3562
Date Daytime Phone #

CR2E037 (10/02)