

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

0018092

DOCUMENT # N02000004230

1. Entity Name

FATHER'S HEART RESOURCE CENTER, INC.



APPROVED
AND
FILED

03 JUL 18 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

Principal Place of Business

12713 N. NEBRASKA AVE.
TAMPA FL 33612

Mailing Address

810 STRATFORD ST
TAMPA FL 33603

2. Principal Place of Business

3502 N. Nebraska Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33603

Country
US

Zip

Country

4. FEI Number

59-3742870

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

LEWIS, MICHAEL
810 STRATFORD ST
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name

Jamal Woody

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

1718 East 7th Ave, Suite 201

City

Tampa

FL

Zip Code

33605

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

[Handwritten signature: Jamal Woody]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	P	<input type="checkbox"/> Delete
NAME	LEWIS, MICHAEL	
STREET ADDRESS	810 STRATFORD ST.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEWIS, MICHAEL	
STREET ADDRESS	810 STRATFORD ST.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GILES, JENESE	
STREET ADDRESS	12712 N. NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	T	<input type="checkbox"/> Delete
NAME	JENKINS, TARIYN	
STREET ADDRESS	12713 N. NEBRASKA AVE.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400021631174
CITY-ST-ZIP	07/18/03--01013--001 ***61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly Shellman
STREET ADDRESS	3718 East 7th Ave, Suite 201
CITY-ST-ZIP	Tampa FL 33605
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**

7/10/03

CR2E037 (4/03)