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

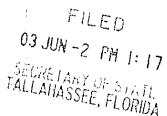
DOCUMENT # N02000005707

1. Entity Name
THE JUST-US FOUNDATION, INC.

SIGNATURE:

SIGNATURE AND TYPED OF PROTEST NAME OF SKANING OFFICER OR DIRECTOR





Principal Place 142 CHAFF (QUINCY, FL		Mailing Address P.O. BOX 20121 TALLAHASSEE, FL 3231	-				ŀALI	-AHASSEL	or Silver, FLOR	STL PIDA	
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	te .	City & State			4. FÉI	Number	1			pplied For of Applicable	
Zip	Country Zip		Cour	ntry	5. Cer	tificate of S	d 🗆 \$8.75 Additional Fee Required				
	Name and Address of Current	Registered Agent			7. Nan	ne and Ad	dress of Nev	Registered A	gent	ı	
KERWIN, BRYAN 142 CHAFF CHASON RD QUINCY, FL 32352				Name Street Address (P.O. Box Number is Not Acceptable)							
			-	City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Coc	1	
	e named entity submits this statement folions of registered agent. Skyruture, typed or primed name of registered agent.			d office or reg			n the State of	Florida. I am fa	amiliar with	, and accept	
	FILE NOW FEE IS \$61.25	9. Election Can Trust Fund C	npalgn Fir	nancing _	\$5.00 Added to			lake Check rida Departi			
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIO	VS/CHANG	ES TO OFFI	CERS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZP	D KEENIN, BRYAN 142 CHAFF CHASON RD QUINCY, FL 32352	□ Delete	TITLE NAME STREET CITY-S	I ADDRÉSS st-21P			!		□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP	D BONEY, PAULA 142 CHAFF CHASON RD QUINCY, FL 32352	☐ Delete	TOLE NAME STREET COY-S	I ADDRESS 17-21P	•				□ Change	Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERWIN, KRYSTAL 4856 LEAH LANE TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS 11-ZIP	0:	SO 3 5/13/0	3 14 9 13-9004	1 904 2 6-015	□ Change '85 **61	Addition 25	
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP				j	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-21P	,				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS			;	[Change	☐ Addition	
indicated	certify that the Information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that m	ıv sionatur	re shall have t	he same lega	al effect as i	if made unde	r oath: that I am	an officer	or director	