

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

0012130

DOCUMENT # **N02000005945**

1. Entity Name
IN NEED INC



07-21-2003 90125 038 ****61.25

Principal Place of Business
**416 OLD MULRENNAN RD N
VALRICO FL 33594**

Mailing Address
**416 OLD MULRENNAN RD N
VALRICO FL 33594**

2. Principal Place of Business
416 Old Mulrennan Rd N

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Val, FL

Zip
33594

County
HILLS

4. FEI Number **48-1267268**

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
**SIMPSON, DENISE HART
416 OLD MULRENNAN RD N
VALRICO FL 33594**

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 **Denise Simpson Denise Simpson** **President** **7/15/03**

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
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	PD	<input type="checkbox"/> Delete
NAME	SIMPSON, DENISE	
STREET ADDRESS	416 OLD MULRENNAN RD N	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PINKSON, TERRI	
STREET ADDRESS	401 LEENA AVE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMPSON, STEVE	
STREET ADDRESS	416 OLD MULRENNAN RD N	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sumner Simpson	
STREET ADDRESS	PO Box 367	
CITY-ST-ZIP	Brandon FL 33509	
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: **SIGNATURES REQUIRED Denise Simpson 7/15/03**

CRE037 (4/03)