

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90691 001 ****61.25
02-27-2003 90691 002 *****8.75

DOCUMENT # N02000006416

1. Entity Name
FOR THE NEEDY, INC.



Principal Place of Business

**823 N. MARION ST.
LAKE CITY FL 32055**

Mailing Address

**823 N. MARION ST.
LAKE CITY FL 32055**

2. Principal Place of Business

Help The Poor people

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 266

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Lake City

City & State

Lake City,

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32055

Country

Zip

32056

Country

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERRY, GLORIA
823 N. MARION ST.
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name

None

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 Gloria Perry
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/03

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	D	<input type="checkbox"/> Delete
NAME	CRAY, LASHA	
STREET ADDRESS	P.O. BOX 266	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRAY, ELIZABETH	
STREET ADDRESS	RT. 17 BOX 290-5	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PERRY, GLORIA	
STREET ADDRESS	P.O. BOX 266	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, BENJAMIN	
STREET ADDRESS	P.O. BOX 266	
CITY-ST-ZIP	LAKE CITY FL 32056	
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	<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	
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:

Gloria Perry **2/23/03-386-755-4028**

CR2E037 (10/02)