FILED
Jun 30, 2003 8:00 am
Secretary of State
05-05-2003 91399 029 ****70.00

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DOCUMENT # N02000007830

1. Entity Name
THE FRANCES HODGE COMMUNITY CENTER, INC.

55050302

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
82 TURNSTILE DR COPELAND FL 34137	P.O.BOX 68 COPELAND FL 34137

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 54-2103235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, ELEANOR
238 OLD TRAIN LN
COPELAND FL 34137

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BEE, JANE D 560 WEBB RD COPELAND FL 34137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TREASURER~~ D ELEANOR BUCHANAN 238 OLD TRAIN LANE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC HODGE, FRANCES 231 BROCKINGTON DR COPELAND FL 34137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLDAN, HECTOR 208 OLD TRAIN LN COPELAND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEE, GREGORY JR 560 WEBB RD COPELAND FL 34137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUTUS, CHARLIE 216 SINGLETARY ST COPELAND FL 34137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CHAIRMAN~~ D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARILYN REYNOLDS-D HC2 OLD TOWN F 32680	☐ Change ☒ Addition

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: Eleanor Buchanan 4-30-03 239-695-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #