

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90108 031 ****61.25

DOCUMENT # NO2000001898

1. Entity Name

Kenneth Lafoucade Women and Children Welfare Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3504 Cesery Blvd

Suite, Apt. #, etc.

N/A

3. Mailing Address

3504 Cesery Blvd

Suite, Apt. #, etc.

N/A

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

56-2295646

Applied For

Not Applicable

Zip

32277

Country

USA

Zip

32277

Country

USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Telisha F. Cabrales-Berek

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

3504 Cesery Blvd.

City

Jacksonville

FL

Zip Code

32277

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Telisha F. Cabrales-Berek

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

(NOTE: Registered Agent signature required for amendments.)

4/30/03

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | | |
|----------------|----------------------------------|----------------|--|
| TITLE | <u>Executive Director</u> | TITLE | |
| NAME | <u>Telisha F. Cabrales-Berek</u> | NAME | |
| STREET ADDRESS | <u>3504 Cesery Blvd.</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>Jax, FL 32277</u> | CITY-ST-ZIP | |
| TITLE | <u>Treasurer</u> | TITLE | |
| NAME | <u>Zena Coryatt</u> | NAME | |
| STREET ADDRESS | <u>1519 W. 14th St.</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>Jax FL 32209</u> | CITY-ST-ZIP | |
| TITLE | <u>Assistant Treasurer</u> | TITLE | |
| NAME | <u>Kimberly Mark</u> | NAME | |
| STREET ADDRESS | <u>3427 Lenczyk Dr. W.</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>Jax, FL 32277</u> | CITY-ST-ZIP | |
| TITLE | <u>Secretary</u> | TITLE | |
| NAME | <u>Sylvia Lafoucade</u> | NAME | |
| STREET ADDRESS | <u>889 Adam Dr.</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>Kissimmee, FL 34759</u> | CITY-ST-ZIP | |
| TITLE | <u>Vice President</u> | TITLE | |
| NAME | <u>Shawn Peters</u> | NAME | |
| STREET ADDRESS | <u>301 Azin Court Lane</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>Kissimmee, FL 34759</u> | CITY-ST-ZIP | |
| TITLE | <u>M</u> | TITLE | |
| NAME | <u>Uilma V. Mark</u> | NAME | |
| STREET ADDRESS | <u>3427 Lenczyk Dr. W.</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>Jacksonville, FL 32277</u> | CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Telisha F. Cabrales-Berek

Telisha F. Berek Exec. Dir. 4/30/03 904-744-7558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)