

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

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**  
08-25-2003 90101 004 \*\*\*\*61.25

**DOCUMENT # N02000008310**

1. Entity Name

THE 51ST WAY, INC.



Principal Place of Business

2510 WISTERIA STREET  
JACKSONVILLE FL 32209

Mailing Address

2510 WISTERIA STREET  
JACKSONVILLE FL 32209

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

W 31-970456

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

ALLEN, JOHN R JR.  
2510 WISTERIA STREET  
JACKSONVILLE FL 32209

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, JOHN R JR	
STREET ADDRESS	2510 WISTERIA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENNINGS, SHEENA Y	
STREET ADDRESS	12492 EAGLES CLAW LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	S	<input type="checkbox"/> Delete
NAME	KARGBO, FATIMA H	
STREET ADDRESS	10336 WALNUT BEND N.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLE, JESSICA J	
STREET ADDRESS	9645 BAYMEADOWS RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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"/> 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	Permane Marshall	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	3048 4th St. Circle	
CITY-ST-ZIP	Tam, FL 32254	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelly Jackson	
STREET ADDRESS	846 William Penn	
CITY-ST-ZIP	32073 Orange Park, Florida	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/03 901-707-0984  
Date Daytime Phone #

CR2E037 (4/03)

Attachment

80140961

#NO2000008310



Florida Department of Agriculture & Consumer Services  
CHARLES H. BRONSON, Commissioner  
Division of Consumer Services  
2005 Apalachee - Tallahassee, Florida 32399-6500

August 5, 2003

51ST WAY, THE  
2510 WISTERIA ST  
JACKSONVILLE, FL 32209-2451

SUBJECT: 2003/2004 GIFT GIVER'S GUIDE

CH14417

THIS IS NOT A RENEWAL NOTICE. The Department of Agriculture and Consumer Services will soon be publishing the 2003/2004 Gift Givers' Guide. Appearing in the Guide will be those organizations and sponsors which are registered with the Department on October 1, 2003. The financial information included in the Guide reflects the financial information reported by your organization as filed as part of your annual registration requirement under Chapter 496, Florida Statutes.

Below is the most recent financial information on file for your organization. The amounts for the three categories of expenses will appear in the guide. Please review the information for accuracy and return the signed form by August 15, 2003. If the information is not correct as reported or you have more recent financial information, please submit a copy of the amended or most current Internal Revenue Service Form 990 with schedule A or 990EZ or a new Department Financial Report form, copy enclosed. If submitting a 990EZ, please complete lines 9-12 on the attached form. If we do not hear from you by August 15, 2003, we will assume the information shown below is correct. If you have any questions, please call the Division of Consumer Services at 800-HELP-FLA or 850-922-2966.

Thank you for your cooperation.

Fiscal Year End: Feb. 28, 2002

Source: Proposed Budget for the current fiscal Year

Total Revenue:	<u>\$0.00</u>
Total Expenses:	<u>\$0.00</u>
Program Service Cost:	<u>\$0.00</u>
Management/Administrative Cost:	<u>\$0.00</u>
Fund-Raising Cost:	<u>\$0.00</u>
Surplus/Deficit:	<u>\$0.00</u>

Audited Statement filed with  
the Division of Consumer  
Services: No

**Please check one:**

- ☒ Financial information is accurate as reported.  
☐ Financial information is not accurate. Enclosed is a copy of the amended IRS Form 990 or the Department's Financial report form, for the same period of time.  
☐ More current financial information is enclosed.

(Signature)

(Phone Number)

(Date)

(Print Name)

(Title)

Please return this form by August 15, 2003, to: Division of Consumer Services,  
Attn: SOC, 2005 Apalachee Pkwy, Tallahassee, Florida 32399-6500 or FAX 850-410-3804.

(Please mail or FAX, but not both)