

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

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90087 018 *****70.00

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1. Entity Name
QUICKEN MINDS OUTREACH ACADEMY, INC.



Principal Place of Business

**7410 SHARBETH DR S
JACKSONVILLE FL 32210**

Mailing Address

**7410 SHARBETH DR S
JACKSONVILLE FL 32210**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

33-1045488

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

**OLIVER, CHANDRA
7410 SHARBETH DR S
JACKSONVILLE FL 32210**

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

TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Jacqueline Peterson	
STREET ADDRESS	7322 Sharbeth Dr. S.	
CITY-ST-ZIP	Jax, FL 32210	
TITLE	President	<input type="checkbox"/> Delete
NAME	Chandra Oliver	
STREET ADDRESS	7410 Sharbeth Dr S.	
CITY-ST-ZIP	Jax, FL 32210	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Shantell McQueen	
STREET ADDRESS	8985 Normandy Blvd. Lot 83	
CITY-ST-ZIP	Jax, FL 32221	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Carlos Peterson	
STREET ADDRESS	7322 Sharbeth Dr. S.	
CITY-ST-ZIP	Jax, FL 32210	
TITLE	Board member	<input checked="" type="checkbox"/> Delete
NAME	George Brown	
STREET ADDRESS	843 Alderman Rd. #273	
CITY-ST-ZIP	Jax, FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sabina F. Gooden	
STREET ADDRESS	1179 E. 15th St.	
CITY-ST-ZIP	Jax, FL 32206	
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:

Chandra Oliver

9/8/03 (904) 573-0148

CR2E037 (4/03)