

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

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90121 040 ****61.25

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DOCUMENT # N02000009179

1. Entity Name

**WASHINGTON PARK COMMUNITY COALITION FOR PROGRESS
INC.**



Principal Place of Business

**POST OFFICE BOX 296
1140 GREEN STREET N.W.
MOORE HAVEN FL 33471**

Mailing Address

**POST OFFICE BOX 296
1140 GREEN STREET N.W.
MOORE HAVEN FL 33471**

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

Not Applicable

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

7. Name and Address of New Registered Agent

**HALL, JOHNNY
1140 GREEN STREET N.W.
MOORE HAVEN FL**

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 **P** ☐ Delete
NAME **HALL, JOHNNY**
STREET ADDRESS **POST OFFICE BOX 296 1140 GREEN ST N.W.**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SAMPSON, SHELMAINE**
STREET ADDRESS **POST OFFICE BOX 863 217 10TH STREET**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BROWN, PATRICIA**
STREET ADDRESS **206 10TH STREET**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PIERCE, DARRELL**
STREET ADDRESS **POST OFFICE BOX 43 1085 PIERCE STREET N.W.**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCPHERSON, CLAUDIA**
STREET ADDRESS **1140 LATUM BELL ST N.W.**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 28, 2003 863-946-0694

CR2E037 (4/03)