

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006466

FILED
Aug 27, 2004
Secretary of State**Entity Name:** JESSICA EVA MOORE CENTER, INC.**Current Principal Place of Business:**1516 MARTIN LUTHER KING BLVD
BELLE GLADE, FL 33430**New Principal Place of Business:**525 SW 16 STREET
BELLE GLADE, FL 33430**Current Mailing Address:**P.O. BOX 696
BELLE GLADE, FL 33430**New Mailing Address:**7529 SALLYLYN LANE
LAKEWORTH, FL 33467**FEI Number:** 54-2123800**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BISCAINO, NALIDA
7529 CALLY LYN LANE
LAKE WORTH, FL 33467 US**Name and Address of New Registered Agent:**BISCAINO, NALIDA
7529 SALLY LYN LANE
LAKE WORTH, FL 33467 US

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: NALIDA BISCAINO

08/27/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUTA, JONAL
Address: 1508 MARTIN LUTHER KING BLVD
City-St-Zip: BELLE GLADE, FL 33430

Title: S () Delete
Name: GILULA, IDA
Address: 841 SW AVE B
City-St-Zip: BELLE GLADE, FL 33430

Title: T () Delete
Name: THICKLIN, J.R. REV
Address: 1516 MARTIN LUTHER KING BLVD
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: LEE, SHARON
Address: 216 NW 9TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: HAMMOND, SUSIE
Address: 808 NW AVE D
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GILULA, IDA
Address: 841 SW AVENUE B
City-St-Zip: BELLE GLADE, FL 33430

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: THICKLIN, J.R. REV
Address: 525 SW 16 STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDA GILULAI

PD

08/27/2004

Electronic Signature of Signing Officer or Director

Date