

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N04437

1. Entity Name
**THE ADVISORY COMMITTEE FOR URBAN
REVITALIZATION EQUITY (A-CURE), INC.**



Principal Place of Business
**920 CENTER AVENUE
P.O. BOX 30002
PANAMA CITY, FL 32401-4525**

Mailing Address
**920 CENTER AVENUE
P.O. BOX 30002
PANAMA CITY, FL 32401-4525**



07192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRUCE, JOHN T., SR.
920 CENTER AVENUE
PANAMA CITY, FL 32401**

**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. 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

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D/M
NAME	BRUCE, JOHN T., SR.
STREET ADDRESS	920 CENTER AVE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	SD
NAME	MARSHALL, CHARLOTTE
STREET ADDRESS	1303 MARYLAND AVE.
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	TD
NAME	HINES, MYRON
STREET ADDRESS	6303 LAKE DR.
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	SMITH, COLUMBUS
STREET ADDRESS	1002 KIRKLAND AVE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	DC
NAME	SHEFFIELD, SHARON
STREET ADDRESS	1508 WISCONSIN AVENUE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	MINCEY, ELLA
STREET ADDRESS	8149 BETTY LOUISE DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32404

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07/20/05-800004-011 61.25

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlotte Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-05 850 271-0560

Date

Daytime Phone #