

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

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90115 005 \*\*\*\*61.25

**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**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**

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/M** ☐ Delete  
NAME **BRUCE, JOHN T., SR.**  
STREET ADDRESS **920 CENTER AVE**  
CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE **SD** ☐ Delete  
NAME **MARSHALL, CHARLOTTE**  
STREET ADDRESS **208 N MACARTHUR AVE**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Change ☐ Addition  
NAME **Marshall, Charlotte**  
STREET ADDRESS **1303 Maryland Ave**  
CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE **TD** ☐ Delete  
NAME **HINES, MYRON**  
STREET ADDRESS **1023 E 14TH ST**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Change ☐ Addition  
NAME **Hines, Myron**  
STREET ADDRESS **6306 Lake Drive**  
CITY-ST-ZIP **Panama City, FL 32404**

TITLE **D** ☐ Delete  
NAME **SMITH, COLUMBUS.**  
STREET ADDRESS **1002 KIRKLAND AVE**  
CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE **DC** ☐ Delete  
NAME **SHEFFIELD, SHARON J**  
STREET ADDRESS **1508 WISCONSIN AVENUE**  
CITY-ST-ZIP **LYNN HAVEN FL 32401**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Lynn Haven FL 32444**

TITLE **D** ☐ Delete  
NAME **MINCEY, ELLA**  
STREET ADDRESS **8149 BETTY LOUISE DRIVE**  
CITY-ST-ZIP **PANAMA CITY FL 32404**

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:

*Charlotte Marshall*

**1-13-03 850 271-0560**

Date

Daytime Phone #

CR2E037 (10/02)