

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25099

1. Entity Name

CHILDRENS HOME COMMUNITY CENTER, INC.

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90408 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5818 HIGHWAY 2  
LAUREL HILL FL 32567

PO BOX 188  
LAUREL HILL FL 32567  
US

2. Principal Place of Business

3. Mailing Address

6638 LONG RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Laurel Hill, FL

Zip

Country

Zip

Country

32567

WALTON

4. FEI Number

59-2967288

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

FAIST, DAVID O  
6638 LONG RD.  
LAUREL HILL FL 32567

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LAWRENCE, GRAY  
STREET ADDRESS 4442 CO. ROAD 147  
CITY-ST-ZIP LAUREL HILL FL 32567 ☐ Delete

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

TITLE VD  
NAME HARRISON, RANDALL  
STREET ADDRESS 3656 CO. HWY 147  
CITY-ST-ZIP LAUREL HILL FL 32567 ☐ Delete

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

TITLE SD  
NAME FAIST, DAVID O  
STREET ADDRESS 6638 LONG RD  
CITY-ST-ZIP LAUREL HILL FL 32567 ☐ Delete

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

TITLE TD  
NAME PITTS, HAZEL  
STREET ADDRESS 4439 CO. HWY 2  
CITY-ST-ZIP LAUREL HILL FL 32567 ☐ Delete

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

TITLE D  
NAME CARNLEY, MAE H  
STREET ADDRESS 5136 CO. HWY 2  
CITY-ST-ZIP LAUREL HILL FL 32567 ☐ Delete

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

TITLE D  
NAME BROWN, BONNIE  
STREET ADDRESS 525 WINDY HILL RD  
CITY-ST-ZIP LAUREL HILL FL 32567 ☒ Delete

TITLE Director  
NAME ED WILSON  
STREET ADDRESS 5891 LONG RD.  
CITY-ST-ZIP LAUREL HILL, FL 32567 ☒ Addition

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

04/09/2002

850-834-2254

Date Daytime Phone #

CR2E037 (9/01)