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

DOCUMENT # N25826

1. Entity Name

WELLS CROSSING ASSOCIATION, INC.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90410 041 ****61.25

729 POST STE JACKSONVILE US	L FL 32204	Mailing Address 729 POST STREET JACKSONVILEL FL 32204 US		1 10011100 010 11001	1111 1111 1111 1111 1111 1111 1111 1111 1111			
2. Principal Place of Business 100 3. M		3. Mailing Address 761 Ook	Mailing Address Street					
Suite Apt. #, etc.		Suite, Apt. #, etc. 60	Suite, Apt. #, etc. 600		☐ CHECK HERE IF MAKING CHANGES			
City & State	onville, Flo	City & State SOnvi	16 Fb	4. FEI Number 59-	1322630	<u> </u>	oplied For ot Applicable	
z Bak	Ountry Country	3004	Country	5. Certificate of Statu	us Desired	\$8.75 Add Fee Require		
5 . 6. Name and Address of Current Registered Agent		Registered Agent		7. Name and Addres	ss of New Registered	Agent		
			Name	Name				
SHAW, R LAMAR JR			Street Address		(BG Box Number (CAN) Acceptable)			
729 POST STREET JACKSONVILLE FL 32204			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		OC SINCE			
JACKSONVILLE PL 32204			3011	$e \alpha \omega$				
			1 200CK	csonville) FI		304	
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 obligat	tions of registered agent.		11/4		**			
· '								
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	gistered Agent signature requir	red when reinstating)	DATE			
		12,						
FILE NOW: FEE IS \$61.25 . 9. Election Camp Trust Fund Cor							i	
也	FILE NOW: FEE IS \$61.25	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees	Make Chec Florida Depa	k Payable rtment of S		
10.	FILE NOW: FEE IS \$61.25 .	Trust Fund Cont			Florida Depa	rtment of S	State	
e .	OFFICERS AND DIRE	Trust Fund Cont	tribution.	Added to Fees	Florida Depa	rtment of S	State	
10. · TITLE NAME	OFFICERS AND DIRE PD WINSTON, JAMES H.	Trust Fund Cont	11.	Added to Fees	Florida Depa	rtment of S	io 10	
10. : TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD WINSTON, JAMES H. 645 RIVERSIDE AVE STE 619	Trust Fund Cont	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Depa	rtment of S	io 10	
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12. I hereby certify that the information supplied with this filling 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: