

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90146 011 *****61.25

DOCUMENT # N32843

1. Entity Name

COMMUNITY OPPORTUNITIES, INC.



Principal Place of Business

**385 CENTERPOINTE CIRCLE
SUITE 1319
ALTAMONTE SPRINGS FL 32701
US**

Mailing Address

**1515 MAGNAVON WAY
FORT WAYNE IN 46804**

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 **31-1274995**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BEAL, ERNEST M
385 CENTERPOINTE CIRCLE
SUITE 1319
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

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

Ernest M. Beal Jr.

1-13-03

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

TITLE **DT** ☐ Delete
NAME **NONEMAKER, LORETTA**
STREET ADDRESS **1785 LAUREL CREEK DRIVE**
CITY-ST-ZIP **LAWRENCEVILLE GA 30031**

TITLE **SD** ☐ Delete
NAME **LENNOX, FELICITY H**
STREET ADDRESS **2204 EASTWOOD DR**
CITY-ST-ZIP **WINONA LAKE IN 46590**

TITLE **DP** ☐ Delete
NAME **FISHER, JON**
STREET ADDRESS **209 SILVER MAPLE COVE**
CITY-ST-ZIP **FORT WAYNE IN 46804**

TITLE **M** ☐ Delete
NAME **LANE, JEFF**
STREET ADDRESS **587 THOMAS MCKEEN ST**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **M** ☐ Delete
NAME **LANE, BRIN**
STREET ADDRESS **587 THOMAS MCKEEN ST.**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3806 Chancery Place**
CITY-ST-ZIP

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

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

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: **Jon Fisher** REQUIRED

1-13-03

260-408-1133

CR2E037 (10/02)