

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90349 040 ****70.00

DOCUMENT # N33716

1. Entity Name

COMMUNITIES IN SCHOOLS OF FLORIDA, INC.



Principal Place of Business

**2728-C PABLO AVE
TALLAHASSEE FL 32308
US**

Mailing Address

**2728-C PABLO AVE
TALLAHASSEE FL 32308
US**

00010000

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 **65-0139769**

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

7. Name and Address of New Registered Agent

**GRACEY, LOIS L
2728-C PABLO AVE
TALLAHASSEE FL 32308**

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 **TD** ☐ Delete
NAME **RANNEY, THOMAS A**
STREET ADDRESS **4848 REDBUD LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **VCD** ☒ Delete
NAME **MC LAMORE, LAURIE**
STREET ADDRESS **4601 W KENNEDY BLVD ST 305**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **CD** ☐ Change ☒ Addition
NAME **Kathy Adams**
STREET ADDRESS **250 S. Australian Ave. #104**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **CD** ☒ Delete
NAME **JENNINGS, MICHAEL**
STREET ADDRESS **841 PRUDENTIAL DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32007**

TITLE **VCD** ☐ Change ☒ Addition
NAME **Frank Messersmith**
STREET ADDRESS **215 S. Monroe St. #505**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **PD** ☐ Delete
NAME **GRACEY, LOIS L**
STREET ADDRESS **2728-C PABLO AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **SD** ☐ Delete
NAME **DAVIS, SANDRA**
STREET ADDRESS **801 MARSH TRAIL CIRCLE**
CITY-ST-ZIP **ATLANTA GA 30328**

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

TITLE ☐ Delete
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: *Lois L. Gracey*

1-24-03 850-386-3514

CR2E037 (10/02)