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

01-08-2003 90154 026 ****61.25

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

DOCUMENT # N33914	
1. Entity Name JAXPRIDE: A COALITION FOR VISUAL ENHANCEMENT, IN C.	

Principal Place of Business 4401 EMERSON ST #10 JACKSONVILLE FL 32207 US	Mailing Address 4401 EMERSON ST #10 JACKSONVILLE FL 32207 US
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55003113



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2998227	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EVANS, VALERIE 4401 EMERSON ST. #10 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent Name Christopher D. Flagg Street Address (P.O. Box Number is Not Acceptable) 4401 Emerson St, Ste 10 City Jax FL Zip Code 32207

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 <i>Christopher D. Flagg</i> President	DATE 1-7-03
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	TSD
STREET ADDRESS	BRUNO, SHAYLENE P
CITY-ST-ZIP	12993 HARBORTON DR JACKSONVILLE FL 32224
TITLE	<input type="checkbox"/> Delete
NAME	Vice President
STREET ADDRESS	CROWE, THAD
CITY-ST-ZIP	8101 PHILIPS HWY #1 JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> Delete
NAME	1st VP
STREET ADDRESS	EVANS, VALERIE
CITY-ST-ZIP	4237 GREAT OAKS LANE JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> Delete
NAME	Treasurer
STREET ADDRESS	Keith Johnson
CITY-ST-ZIP	1351 Alderman Rd E. Jax FL 32211
TITLE	<input type="checkbox"/> Delete
NAME	President
STREET ADDRESS	Christopher D. Flagg
CITY-ST-ZIP	4401 Emerson St, Ste 10 Jax FL 32207
TITLE	<input type="checkbox"/> Delete
NAME	Exe. Director
STREET ADDRESS	Shirley Dasher
CITY-ST-ZIP	4401 Emerson St, Ste 10 Jax FL 32207

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Shirley Dasher</i> 1-7-03 904 398-4646
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>

CR2E037 (10/02)