

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39596

1. Entity Name

COMMUNITY RESOURCE CENTER OF COLEMAN PARK, INC.

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90010 005 ****61.25

Principal Place of Business Mailing Address
1041 18TH STREET 1041 18TH STREET
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407

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 65-0364793

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

HAYGOOD, J. M
980 N. FEDERAL HIGHWAY
SUITE 305
BOCA RATON FL 33405

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 J. M. Haygood

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
After September 12, 2001, min. will be \$236.25

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

TITLE DS
NAME GORDON, KATIE H
STREET ADDRESS P.O. BOX 413 N/A
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE DT
NAME WILLIAMS, PATRICIA
STREET ADDRESS 1805 W. BLUE HERON BLVD. #E202
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Delete

TITLE D
NAME HOWZELL, ROGER
STREET ADDRESS 1006 S MANGONIA CIR
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Chairman of Board
NAME Nellie M. Cooper
STREET ADDRESS 1106 - State Street
CITY-ST-ZIP West Palm Beach, FL. 33407 ☐ Change ☒ Addition

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Nellie M. Cooper

7/11/2001

CR2E037 (5/01)