

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

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90054 048 ****61.25

DOCUMENT # **N39965**

1. Entity Name

ALDERMAN PARK CIVIC ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

% MARCELLA A. LOWE

Suite, Apt. #, etc.

1405 CARLOTTA RDW

City & State

JACKSONVILLE, FL

Zip

32211

Country

USA

3. Mailing Address

ALDERMAN PARK CIVIC ASSN

Suite, Apt. #, etc.

PO Box 8549

City & State

JACKSONVILLE, FL

Zip

32239

Country

USA

4. FEI Number

59-3049313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HAROLD SMITH

Street Address (P.O. Box Number is Not Acceptable)

1330 BELLEMEADE BLVD.

City

JACKSONVILLE

FL

Zip Code

32211

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

Harold F. Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-04

DATE

FEE IS \$61.25
Initial or Amended UBR

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	VP
NAME	MUSCATO, JANET
STREET ADDRESS	1431 BELLEMEADE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	T+D
NAME	LOWE, MARCELLA
STREET ADDRESS	1405 CARLOTTA RDW
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	W+D
NAME	WOOTEN, SHIRLEY
STREET ADDRESS	7839 ALDERMAN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	S+D
NAME	EVANS, KATHLEEN
STREET ADDRESS	7809 GLEN ECHO RD
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	P+D
NAME	HAROLD SMITH
STREET ADDRESS	1330 BELLEMEADE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	BRIM, KAY
STREET ADDRESS	1232 BELLEMEADE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marcella A. Lowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCELLA A. LOWE 1-15-03 (904) 725-2882

Date

Daytime Phone #

CR2E037B (12/02)