

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

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90142 005 ****70.00

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DOCUMENT # N44595

1. Entity Name

VOICES FOR CHILDREN OF NORTH CENTRAL FLORIDA, INC.



Principal Place of Business

**GUARDIAN ADLITEM PROGRAM
18 NE 1ST AVE
OCALA FL 34740**

Mailing Address

**PO BOX 507
BELLEVUE FL 34421**

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 **91-1854844**

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

**ASHERAFT, TERESA
18 NE 1ST AVE
OCALA FL 34470**

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

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 **SD** ☐ Delete
NAME **ROSIN, EVELYN**
STREET ADDRESS **13024 SE 47TH CIR**
CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE **PD** ☐ Delete
NAME **CASADO, HECTOR**
STREET ADDRESS **3718 NE 8TH PLACE**
CITY-ST-ZIP **OCALA FL 34470-0900**

TITLE **TD** ☒ Delete
NAME **ASHERAFT, TERESA**
STREET ADDRESS **4411 SE 106 PL**
CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE **VPD** ☒ Delete
NAME **SEDLACEK, JANE**
STREET ADDRESS **6262 SE 122ND LN**
CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition
NAME **EVELYN ROSIN**
STREET ADDRESS **13024 SE 47TH CIR**
CITY-ST-ZIP **BELLEVUE FL 34420**

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

TITLE **SD** ☐ Change ☒ Addition
NAME **James Morgan**
STREET ADDRESS **468 Banning Beach Rd**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Helen Peek**
STREET ADDRESS **1950 NW 47th Terr.**
CITY-ST-ZIP **OCALA, FL 34482**

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: *Teresa Ashcraft* **SIGNATURE REQUIRED**

05/21/03 (352) 245-9870

CR2E037 (10/02)