

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90123 019 \*\*\*61.25

**DOCUMENT # N44882**

1. Entity Name

**FAMILY RESOURCE PROGRAM OF ESCAMBIA COUNTY, INC.**



Principal Place of Business

Mailing Address

**4400 BAYOU BLVD.  
STE 308  
PENSACOLA FL 32503  
US**

**4400 BAYOU BLVD.  
STE 308  
PENSACOLA FL 32503  
US**

**55014878**



☒ CHECK HERE IF MAKING CHANGES

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 **59-3080797**

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

**LEACH, KIMBERLY  
4400 BAYOU BLVD.  
STE 308  
PENSACOLA FL 32503**

Name  
**JoAnne Beverly**

Street Address (P.O. Box Number is Not Acceptable)  
**4400 Bayou Blvd., Suite 308**

City  
**Pensacola**

**FL** Zip Code  
**32503**

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 **JoAnne Beverly**

**2/18/2003**

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

(NOTE: Registered Agent signature required when re-registering)

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 **D**  
NAME **LEACH, KIMBERLY**  
STREET ADDRESS **3300 TIMBERLANE DR**  
CITY-ST-ZIP **PENSACOLA FL 32503** ☒ Delete

TITLE **D**  
NAME **JoAnne Beverly**  
STREET ADDRESS **1095 Sunshine Lane**  
CITY-ST-ZIP **Pensacola, FL. 32514** ☐ Change ☒ Addition

TITLE **D**  
NAME **RIGBY, MARGO**  
STREET ADDRESS **10622 LILLIAN HWY**  
CITY-ST-ZIP **PENSACOLA FL 32508** ☒ Delete

TITLE **D**  
NAME **Cortrina Springs**  
STREET ADDRESS **2701 Franks Court**  
CITY-ST-ZIP **Pensacola, FL. 32526** ☐ Change ☒ Addition

TITLE **D**  
NAME **CARTWRIGHT, JANE**  
STREET ADDRESS **3950 MCCLELLAN RD**  
CITY-ST-ZIP **PENSACOLA FL 32503** ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE **D**  
NAME **HOUK, MARIETTA**  
STREET ADDRESS **1005 E GONZALEZ**  
CITY-ST-ZIP **PENSACOLA FL 32503** ☒ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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:

**JoAnne Beverly**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/03 (850)474-9713**

Date

Daytime Phone #

CR2E037 (10/02)