

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

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90031 047 ****61.25

DOCUMENT # N93000005018

1. Entity Name
SERGEANT ALLEN MOORE COMMUNITY PARTNERSHIP, INC.



Principal Place of Business
**1201 N BETTY LN
CLEARWATER FL 33755
US**

Mailing Address
**1201 N BETTY LANE
CLEARWATER FL 33755
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3253712**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMILEY, JOSEPH
1201 NORTH BETTY LANE
CLEARWATER FL 34615**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	<input type="checkbox"/> Delete
NAME	SMILEY, JOSEPH	
STREET ADDRESS	1201 N BETTY LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, BERNARD	
STREET ADDRESS	11204 GORDA CIR.	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROJAS, LARRY	
STREET ADDRESS	P O BOX 546 N/A	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, FORESTINE	
STREET ADDRESS	1470 WOODBINE STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEMZEK, MARGE	
STREET ADDRESS	2287 MANOR BLVD N	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUNSON, DAISY D	
STREET ADDRESS	1446 PARKWOOD STREET	
CITY-ST-ZIP	CLEARWATER FL 33755	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD DIXON	
STREET ADDRESS	12904 GORDA CIR.	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL WATKINS	
STREET ADDRESS	7512 NORTH THARHER AVE	
CITY-ST-ZIP	TAMPA, FL 33755	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH SIMMONS	
STREET ADDRESS	1780 HARBER DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKIE WALTERS	
STREET ADDRESS	615 MINNESOTA DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33755	
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: *[Signature]* **REQUIRED** 9/9/03 727-712-5813

CR2E037 (4/03)