

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

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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

Zip

Country

Zip

Country

4. FEI Number **59-3253712**

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

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

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 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** ☐ Delete
NAME **SMILEY, JOSEPH**
STREET ADDRESS **1201 N BETTY LANE**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **D** ☐ Delete
NAME **DIXON, BERNARD**
STREET ADDRESS **11204 GORDA CIR.**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☒ Change ☐ Addition
NAME **BERNARD DIXON**
STREET ADDRESS **12904 GORDA CIR.**
CITY-ST-ZIP **LARGO, FL 33773**

TITLE **D** ☒ Delete
NAME **ROJAS, LARRY**
STREET ADDRESS **P O BOX 546 N/A**
CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE **D** ☐ Change ☒ Addition
NAME **PAUL WATKINS**
STREET ADDRESS **7512 NORTH THARHER AVE**
CITY-ST-ZIP **TAMPA, FL 33755**

TITLE **D** ☒ Delete
NAME **STEVENS, FORESTINE**
STREET ADDRESS **1470 WOODBINE STREET**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **D** ☐ Change ☒ Addition
NAME **ELIZABETH SIMMONS**
STREET ADDRESS **1780 HARBER DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **D** ☒ Delete
NAME **NEMZEK, MARGE**
STREET ADDRESS **2287 MANOR BLVD N**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☐ Change ☒ Addition
NAME **JACKIE WALTERS**
STREET ADDRESS **615 MINNESOTA DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **D** ☐ Delete
NAME **BRUNSON, DAISY D**
STREET ADDRESS **1446 PARKWOOD STREET**
CITY-ST-ZIP **CLEARWATER FL 33755**

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: **SERGEANT ALLEN MOORE**

9/9/03

727-712-5813

CR2E037 (4/03)