

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90035 034 \*\*\*\*70.00

**DOCUMENT #** N940000001258  
**1. Entity Name** Neighborhood Community Action Center, Inc.

**Principal Place of Business** Neighborhood Community Action Center  
**Mailing Address** P.O. Box 6394  
4 Main Street  
Titusville, FL 32782

**2. Principal Place of Business** N.C.A.C.  
**3. Mailing Address** P.O. Box 6394  
4 Main Street  
**Suite, Apt. #, etc.**

**City & State** Titusville, FL  
**City & State** Titusville, FL  
**Zip** 32782 **Country**  
**Zip** 32782 **Country**

**4. FEI Number** 59-305585  
**Applied For**  
**Not Applicable**  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
Pastor Mary Lewis  
1107 2nd Ave  
Titusville FL 32780

**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.**  
**SIGNATURE** Mary Lewis  
(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** ☐ **\$5.00 May Be Added to Fees**  
**Make Check Payable to:** **Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
	Pastor Mary Lewis	1107 2nd Ave	Titusville, FL 32780	<input type="checkbox"/> Delete
	Alfonzo B Lewis	1107 2nd Ave	Titusville, Florida	<input type="checkbox"/> Delete
	Director	4509 S. Hopkins Ave	Titusville, FL 32780	<input type="checkbox"/> Delete
	Secretary	Adrianne P. Fluker	1034 2nd Ave	<input type="checkbox"/> Delete
	Treasurer	Mary Mays	2101 Forest Knoll Dr #204	<input type="checkbox"/> Delete
			Palm Bay, Florida 32905	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Gleno Fluker	1034 2nd Ave	Titusville, FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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:** Mary Lewis 5/26/01 321-383-1940  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E037 (11/00)