

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90993 001 \*\*\*\*70.00

**DOCUMENT # N94000001228**

1. Entity Name

**NEIGHBORHOOD COMMUNITY ACTION CENTER, INC.**



Principal Place of Business

**4 MAIN ST  
TITUSVILLE FL 32782  
US**

Mailing Address

**P.O. BOX 6394  
TITUSVILLE FL 32782  
US**

2. Principal Place of Business

**2625 Barna Ave  
Suite, Apt. #, etc. F**

3. Mailing Address

**P.O. Box 6394**

Suite, Apt. #, etc.

City & State

**Titusville FLA.**

City & State

**Titusville FLA.**

Zip

**32780**

Country

Zip

**32782**

Country

**Barnd**

6. Name and Address of Current Registered Agent

**LEWIS, MARY  
1107 1ST AVENUE  
PO BOX 6394  
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. 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 **ED** ☐ Delete  
NAME **LEWIS, MARY REV.**  
STREET ADDRESS **1107 1ST AVENUE**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Delete  
NAME **COBB, WANDA**  
STREET ADDRESS **4509 S HOPKINS AVE**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **S** ☐ Delete  
NAME **FLUKER, ADRIANNA P**  
STREET ADDRESS **1034 1ST AVE**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **T** ☐ Delete  
NAME **MAYS, MARY**  
STREET ADDRESS **2101 FOREST KNOLL DR # 204**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **D** ☐ Delete  
NAME **LEWIS, ALFONZO B**  
STREET ADDRESS **1107 1ST ST**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **S** ☐ Delete  
NAME **JONES, KERITH**  
STREET ADDRESS **119 GRANNIS AVE**  
CITY-ST-ZIP **TITUSVILLE FL 32796**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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:

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

**4/29/03**

Date

Daytime Phone #

CR2E037(10/02)