2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # N9400001410 1. Entity Name 05-17-2001 91355 030 ****61.25 EAST STUART COMMUNITY COALITION, INC. Principal Place of Business Mailing Address P.O. BOX 643 **601 LAKE STREET** STUART FL 34994 STUART FL 34994 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0525898 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .Name Pearlie B. Clark Street Address (P.O. Box Number is Not Acceptable) 611 S.E. Florida Street CLARK, PEARLIE B 4505 SE NIMROD LANE STUART FL 34996 Zip Code 994 City FL Stuart 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. Pearlie B. Clark/ Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete Addition TITLE Mary C. Davis 920 East 8th Street 5 FL 34994 TITLE GRANT, LORENE NAME NAME 1608 ARAPAHO AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 ☐ Addition ☐ Delete TITLE Pearlie Clark CLARK, PEARLIE NAME NAME 611 S.E. Florida Street STREET ADDRESS 4505 SE NIMROD LN STREET ADDRESS Stuart, FL 34994 CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Change XX Addition VD TITLE ☐ Delete TITLE GEORGE, SERETHA Kimberly Clark NAME NAME 5893 SE 47th Street STREET ADDRESS 747 M.L.K., JR BLVD STREET ADDRESS 34997 Stuart, FL STUART FL 34994 CITY-ST-7IP CITY-ST-ZIP SD ☐ Change **XX**Addition ☐ Delete TITLE JACKSON, RALEIGH L Kirton Francis 907 East 10th Street NAME NAME 704 E LAKE ST STREET ADDRESS STREET ADDRESS Stuart, FL 34994 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 XX Delete **XX**Addition TITLE ☐ Change Edith Duhart GIPSON, MILDRED D NAME NAME 913 E LAKE ST 1617 Dixie Highway STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Stuart, FL 34996 STUART FL XX Delete ☐ Change **X X**Addition TITLE TITLE HEMPEL, KEVIN NAME NAME <u>Alex</u> Edwards 2716 SE Amherst Street STREET ADDRESS **512 CORTEZ AVENUE** STREET ADDRESS

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.

CITY-ST-ZIP

Stuart, FL

SIGNATURE Clark

STUART FL 34994

34996

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