

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002050

Entity Name

COUNTY CARMEL OF CITY POINT HUMAN SERVICES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90032 030 ****70.00

Principal Place of Business W. RAILROAD AVE. Cocoa FL 32926	Mailing Address P O BOX 1414 Cocoa FL 32923-1414 US
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 104 N. Fiske Blvd Ste #3 Suite, Apt. #, etc. Cocoa, FL 32922	3. Mailing Address 204 N. FISKE BLVD Suite, Apt. #, etc. #3
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City & State Cocoa FL	4. FEI Number 59-3208022	Applied For Not Applicable
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Zip 32922	Country Brevard	Zip 32922	Country BREVARD
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6. Name and Address of Current Registered Agent

PERKINS, WALLACE R
972 BEECHFERN LANE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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: *John P. Thomas Jr.*

April 5, 2000

(Signature, typed or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when remaining)

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
Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
DV PERKINS, WALLACE R 972 BEECHFERN LANE ROCKLEDGE FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
DV HAMILTON, WILLIE 3833 S. DENTON CIRCLE COCOA FL 32926	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
DS STORY, CARL 1251 ALSUP DR. ROCKLEDGE FL 32955	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
DS MCNEIL, RONI M 633 S. VARR AVE. COCOA FL 32922	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
DT JACKSON, JALVEAN 365 ST ANDREWS DR MIRRIE ISLAND FL 32953	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
DP THOMAS, JON JOHN JR. 603 KENTUCKY COCOA FL 32911	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *John P. Thomas Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2000

639-0605

