

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90217 022 *****70.00

0032109

DOCUMENT # N94000003226

1. Entity Name

FRIENDS OF FRANKLIN PARK COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**2430 NW 9TH ST.
FT. LAUDERDALE FL 33316**

Mailing Address

**2430 NW 9TH ST.
FT. LAUDERDALE FL 33316**

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 **65-0514270**

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

**DAVIS, MELVIN D SR
2430 NW 9TH ST.
FT. LAUDERDALE FL 33316**

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 **PD** ☐ Delete
NAME **DAVIS, MELVIN D SR**
STREET ADDRESS **2430 NW 9TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **VPD** ☐ Delete
NAME **DAVIS, BABETTE D**
STREET ADDRESS **2430 NW 9 STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **SD** ☐ Delete
NAME **THOMPSON, DIANA**
STREET ADDRESS **2060 N.W. 6TH AVENUE**
CITY-ST-ZIP **POMPANO FL 33060**

TITLE **T** ☐ Delete
NAME **LEWIS, JEWEL L**
STREET ADDRESS **880 NW 25TH AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
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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: MELVIN DAVIS SR 5/8/03 954-581-1148

CR2E037 (10/02)