

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004910

1. Entity Name

FOSTER GRANDPARENT PROGRAM OF JACKSONVILLE ADVIS

Principal Place of Business

150 E FIRST STREET
JACKSONVILLE FL 32206

Mailing Address

150 E FIRST STREET
JACKSONVILLE FL 32206

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 59-3296277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRISSETT-MACON, SHAREL
150 E FIRST STREET
JACKSONVILLE FL 32206

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

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
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PARKER, DIANNE
STREET ADDRESS 924 CRESSWELL LANE W.
CITY-ST-ZIP JACKSONVILLE FL 32221 ☐ Delete

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

TITLE VD
NAME OWENS-THOMPSON, JAYNE
STREET ADDRESS 4040 BLVD CENTER DR BLDG B
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE Vice Chairperson
NAME Huelster, Betty
STREET ADDRESS 128 East Forsyth Street
CITY-ST-ZIP Jacksonville, Florida 32202 ☒ Change ☐ Addition

TITLE STD
NAME HARRELL, MONICA
STREET ADDRESS 1245 ROWE AVENUE
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE Treasurer
NAME Thomas, Derrick
STREET ADDRESS 150 East First Street
CITY-ST-ZIP Jacksonville, FL 32209 ☒ Change ☐ Addition

TITLE D
NAME THOMPSON, JAYNE O
STREET ADDRESS 100 FESTIVAL PARK AVE
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ Delete

TITLE Director
NAME Huelster, Betty
STREET ADDRESS 128 East Forsyth Street
CITY-ST-ZIP Jacksonville, Florida 32202 ☒ Change ☐ Addition

TITLE D
NAME RUTH, JAMES A
STREET ADDRESS DUVAL COUNTY COURTHOUSE
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Signature of Sharel Grissett-Macon* 8/24/01 (904) 630-5452

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90018 028 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)