

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90061 022 ****61.25

DOCUMENT # N94000004910

1. Entity Name

FOSTER GRANDPARENT PROGRAM OF JACKSONVILLE ADVISORY COUNCIL, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARKER, DIANNE	
STREET ADDRESS	924 CRESSWELL LANE W.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VCP	<input checked="" type="checkbox"/> Delete
NAME	HUELSTER, BETTY	
STREET ADDRESS	128 EAST FORSYTH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOMAS, DERRICK	
STREET ADDRESS	150 EAST FIRST ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUELSTER, BETTY	
STREET ADDRESS	128 EAST FORSYTH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTH, JAMES A	
STREET ADDRESS	DUVAL COUNTY COURTHOUSE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bostic, Clarence Von	
STREET ADDRESS	PO Box 28299	
CITY-ST-ZIP	Jacksonville, FL 32226-8299	
TITLE	VCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parker, Dianne	
STREET ADDRESS	924 Cresswell Lane W.	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephens, Ernest	
STREET ADDRESS	3941 Ashmore Court	
CITY-ST-ZIP	Jacksonville, FL 32211-1602	
TITLE	VCP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Outlaw, Mary	
STREET ADDRESS	232 Tanelle Lane	
CITY-ST-ZIP	Jacksonville, FL 32211-6996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sharel Grissett-Macon Sharel Grissett-Macon 3/4/02 (904) 630-5450

CR2E037 (9/01)