

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90137 027 ****70.00

DOCUMENT # N94000005330

1. Entity Name

GOALS FOR SUCCESS, INC.

Principal Place of Business

5258-56 NORWOOD AVENUE
JACKSONVILLE FL 32208
US

Mailing Address

P.O. BOX 5986
JACKSONVILLE FL 32247

2. Principal Place of Business

5258-56 NORWOOD Ave

3. Mailing Address

P.O. Box 586

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FLA

City & State
JACKSONVILLE FLA

4. FEI Number
59-3279278

Applied For
Not Applicable

Zip
32208

Country
DUAL

Zip
32247

Country
DUAL

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HESTER, DIANE
5258-5 NORWOOD AVENUE
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name
Diane Hester
Street Address (P.O. Box Number is Not Acceptable)
4129 Emerson St
City
Jacksonville FL 32207

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
Diane Hester

4-29-02

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
D
NAME
HESTER, DIANE
STREET ADDRESS
5258-5 NORWOOD AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32208 ☐ Delete

TITLE
P
NAME
GREEN, BRENDA
STREET ADDRESS
5258-5 NORWOOD AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32208 ☐ Delete

TITLE
D
NAME
MYERS, GAIL
STREET ADDRESS
5258-5 NORWOOD AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32208 ☐ Delete

TITLE
D
NAME
FLYNN, JEANETTE
STREET ADDRESS
5258-5 NORWOOD AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32208 ☐ Delete

TITLE
D
NAME
SMITH, MICHELLE
STREET ADDRESS
4129 EMERSON ST
CITY-ST-ZIP
JACKSONVILLE FL 32208 ☐ Delete

TITLE
DR
NAME
Valentine
STREET ADDRESS
300 Jefferson St
CITY-ST-ZIP
Jacksonville FLA 32208 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
VP
NAME
Diane Hester
STREET ADDRESS
5258-5 Norwood Ave
CITY-ST-ZIP
Jacksonville FLA 32208 ☐ Change ☐ Addition

TITLE
President
NAME
Brenda Green
STREET ADDRESS
958 Tammam Blvd
CITY-ST-ZIP
Jacksonville FLA 32211 ☐ Change ☐ Addition

TITLE
Treasurer
NAME
Gail Myers
STREET ADDRESS
5258-5 Norwood Ave
CITY-ST-ZIP
Jacksonville FLA 32208 ☒ Change ☐ Addition

TITLE
Sec. Chaplin
NAME
Jeanette Flynn
STREET ADDRESS
4129 Emerson St
CITY-ST-ZIP
Jacksonville FLA 32207 ☐ Change ☐ Addition

TITLE
Sec.
NAME
Michelle Smith
STREET ADDRESS
1613 El Comino Rd
CITY-ST-ZIP
Jacksonville FLA 32216 ☐ Change ☐ Addition

TITLE
DR
NAME
Valentine
STREET ADDRESS
300 Jefferson
CITY-ST-ZIP
Jacksonville FLA 32208 ☐ 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: Diane Hester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E037 (9/01)