

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

DOCUMENT # N95000000276

1. Entity Name

CJC SERVICES CORPORATION

1350 E-4 E Tennessee Street #274
Tallahassee, FL 32308

DO NOT WRITE IN THIS SPACE

FILED

02 AUG 29 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1350 E-4 E Tennessee St #274

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 274

City & State

City & State

Tallahassee, FL

4. FEI Number

59-3291517

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

Leon

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Rev. S. Thomas

Street Address (P.O. Box Number is Not Acceptable)

508 N. Magnolia St.

City

Monticello

FL

Zip Code

32344

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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 President
NAME C Whiteside-Curry
STREET ADDRESS 1000 Seminole Drive
CITY-ST-ZIP Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS 300007626893--4
CITY-ST-ZIP -09/10/02--01018--015
*****61.25 *****61.25

TITLE Vice-President
NAME Cryst'n Joi Curry
STREET ADDRESS 1000 Seminole Drive
CITY-ST-ZIP Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME A.E. O'Scotta
STREET ADDRESS 4251 Osceola Street
CITY-ST-ZIP Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE Director
NAME D. L. Brice
STREET ADDRESS 5180 Fieldgreen Crossing
CITY-ST-ZIP Stone Mountain, GA 30088

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME Charles Whiteside
STREET ADDRESS 7540 N. Wolcott Avenue
CITY-ST-ZIP Chicago, IL 60626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE

C Whiteside-Curry, President/CEO

8/29/02 (850) 942-6188

CR2E037B (12/01)