

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

DOCUMENT # *AMERICAN/Nicaraguan South*  
1. Entity Name *Atlantic Coast Relief Funds Inc.*

*N95000002886*



FILED

03 MAY '04 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*4513 N.W. 49th Street TAMARAC FL 33319*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*650603602*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Hodgson Arthur V.*

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

*4513 N.W. 49th Street*

*TAMARAC,*

City

FL

Zip Code

*33319*

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. *We would like to change the name to: Nicaraguan Community Development for Low Income houses*

SIGNATURE *Arthur V. Hodgson - President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*5/9/03*

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**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President HODGSON Arthur V. 4513 N.W. 49th Street TAMARAC, FL 33319</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Hodgson Gladys E. 4513 N.W. 49th Street TAMARAC, FL 33319</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Harrell, Cnel. John C. 244 W. Theresa Avenue ANAHEIM CA. 92804</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director EWING, Howard Sr. 19 N.E. 16th Ave Pompano Beach, FL 33064</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D. Hodgson Arturo Samuel 4513 N.W. 49th Street TAMARAC, FL 33319</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D. Humphrey, Lynn Uraccan University Bluefields, Nicaragua - R.A.A.S.</i>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>500018939455 05/14/03--01050--001 **\$61.25</i>
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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: *Arthur V. Hodgson (Arthur V. Hodgson, Pres.) 5/9/03 - 954-242-7591*

CR2E037B (12/02)