

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 30, 2000 8:00 am
Secretary of State

05-01-2000 90443 005 ****61.25

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1. Entity Name

OUR COMMUNITY, OUR CHILDREN, INC.

Principal Place of Business

2400 GIRALDA CIR E
 APT 201
 PALM BCH GARDENS FL 33410
 US

Mailing Address

P O BOX 30848
 PALM BEACH GARDENS FL 33420-0848
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JUPITER

Zip 33458

Country USA

City & State

JUPITER

Zip 33458

Country USA

4. FEI Number

65-0608313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORRESTER, KATHY
 2400 GIRALDA CIR E
 APT 201
 PALM BCH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

KATHY MCGUIRE

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

104 DOE TRAIL

City

JUPITER

FL

Zip Code

33458

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

Kathy McGuire

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 ☐ Delete
 NAME FORRESTER, KATHY
 STREET ADDRESS 2400 GIRALDA CIR E APT 201
 CITY-ST-ZIP PALM BCH GARDENS FL 33410

TITLE D ☒ Delete
 NAME CUPP, SCOTT
 STREET ADDRESS 205 N DIXIE HWY
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE T ☒ Delete
 NAME COMPIANI, FRANK
 STREET ADDRESS 1555 PALM BCH LAKES BLVD STE 1400
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition
 NAME KATHY MCGUIRE
 STREET ADDRESS 104 DOE TRAIL
 CITY-ST-ZIP JUPITER, FL 33458

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

TITLE TREASURER ☐ Change ☒ Addition
 NAME HANNAH TITUS
 STREET ADDRESS 122 STILL LAKE DR
 CITY-ST-ZIP JUPITER, FL 33458

TITLE V.P. ☐ Change ☒ Addition
 NAME HOLLY FARRAR
 STREET ADDRESS 800 DEL LAGO CIR
 CITY-ST-ZIP PALM BCH GARDENS, FL 33410

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

TITLE ☐ Change ☐ 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:

Kathy McGuire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-622-4260

CR2E037 (9/99)