

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90133 026 ****61.25

DOCUMENT # N95000005512

1. Entity Name

**EBONY APPRECIATION AWARDS COMMITTEE, INCORPORATE
D**



Principal Place of Business

**412 N.W. 3RD STREET
GAINESVILLE FL 32601**

Mailing Address

**POST OFFICE BOX 483
GAINESVILLE FL 32602-0483**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3344082**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JACKSON, WILBUR A SR.
8401 N.W. 13TH STREET, #106
GAINESVILLE FL 32601**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOODY, BERNADETTE D.	
STREET ADDRESS	608 SE 12TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARRIS, SOUNDRY K.	
STREET ADDRESS	RT. 4 BOX 11530	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARMOUD, JACKIE L	
STREET ADDRESS	801 S.E. 19TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, HELEN S.	
STREET ADDRESS	3640 SE 15TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MONROE, PATRICIA	
STREET ADDRESS	5115 NW 33RD PL	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACKSON, WILBUR A. SR.	
STREET ADDRESS	8401 NW 13TH ST., #106	
CITY-ST-ZIP	GAINESVILLE FL 32601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATTIEL, EDDIE	
STREET ADDRESS	PO BOX 161	
CITY-ST-ZIP	ARCHER, FL 32618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Bernadette D. Woody* **BERNADETTE D. WOODY**

1/21/03 (352)334-4000

CR2E037 (10/02)