

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000000178**

1. Entity Name

WJCT VOLUNTEERS ON THE GO, INC.**FILED**
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90003 035 ****61.25

0000813

Principal Place of Business

**100 FESTIVAL PARK AVE.
JACKSONVILLE FL 32202**

Mailing Address

**100 FESTIVAL PARK AVE.
JACKSONVILLE FL 32202**

AUU80560



DO NOT WRITE IN THIS SPACE

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

59-3357422

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**STEPHENS, REGINALD
100 FESTIVAL PARK AVE
JACKSONVILLE FL 32202**

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.

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**After September 12, 2001, min. will be \$236.25**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
NAME
STREET ADDRESS
CITY-ST-ZIP**D
NEVILLE, GRACE
P.O. BOX 330-327
ATLANTIC BEACH FL 32233**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD
STEPHENS, REGINALD
100 FESTIVAL PARK AVE
JACKSONVILLE FL 32202**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VD
MELTON, GAIL
5734 SAINT ISABEL DR
JACKSONVILLE FL 32277**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**V
HAMMOND, WALT
P.O. BOX 6 N/A
JACKSONVILLE FL 32201**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
DRESDNER, LINDA
9765 SOUTH BROOK LANE., #3207
JACKSONVILLE FL 32256**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**T
WILKINSON, MARK
8627 PEBBLE CREEK LANE
JACKSONVILLE FL 32256**☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ 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 persons empowered.

SIGNATURE

TREASURER

CR2E037 (5/01)