

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000688

1. Entity Name

L.A. SOCIAL SERVICE CENTER, INC.

Principal Place of Business

#9 BETH STACEY BLVD.  
SUITE 203  
LEHIGH ACRES FL 33936

Mailing Address

P.O. BOX 1301  
LEHIGH ACRES FL 33970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0643862

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOEHLE, USA J  
502 EMPIRE AVE S  
LEHIGH ACRES FL 33936

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/BP  
NAME GARGANO, ROSEMARIE ☒ Delete  
STREET ADDRESS 1300 WOODWARD CT., APT. #61  
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE D Barbara Brown (BM) ☐ Change ☒ Addition  
NAME P.O. Box 728  
STREET ADDRESS Felda, FL 33930  
CITY-ST-ZIP

TITLE P  
NAME MARINES, JUDY ☐ Delete  
STREET ADDRESS 2403 CHERRY CT  
CITY-ST-ZIP LEHIGH FL 33936

TITLE D (BM) Mary Raymond ☐ Change ☒ Addition  
NAME 212 S. Richmond Ave.  
STREET ADDRESS Lehigh, FL 33936  
CITY-ST-ZIP

TITLE VD  
NAME VEALEY, PATTI ☐ Delete  
STREET ADDRESS 311 LAKE AVE  
CITY-ST-ZIP LEHIGH FL 33972

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

TITLE BM  
NAME BUFF, MICHAEL ☐ Delete  
STREET ADDRESS PO BOX 278  
CITY-ST-ZIP ALVA FL 33902

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

TITLE DS  
NAME BASS, MARK DEP ☐ Delete  
STREET ADDRESS 9610 PALMETTO AVE  
CITY-ST-ZIP LEHIGH FL 33936

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

TITLE BM  
NAME PHINNEY, JUDY ☐ Delete  
STREET ADDRESS 1300 WOODLAND COURT APT 88  
CITY-ST-ZIP LEHIGH FL 33936

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90111 029 \*\*\*\*70.00

77047



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

Attachment Doc#  
N96000000688  
77247



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 13, 2001

L.A. SOCIAL SERVICE CENTER, INC.  
P.O. BOX 1301  
LEHIGH ACRES, FL 33970

Subject: L.A. SOCIAL SERVICE CENTER, INC.

Reference Number: N96000000688

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314