

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000001656**

Entity Name

RE-BIRTH CHILDREN'S CENTER, INC.**FILED****Feb 20, 2002 8:00 am**
Secretary of State

02-20-2002 90124 025 ****61.25

Principal Place of Business

**924 E COMANCHE AVE
TAMPA FL 33610**

Mailing Address

**1924 E COMANCHE AVE
TAMPA FL 33610**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

50-3224743 59336507

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HUDSON, ZACHERY DR
1924 E COMANCHE AVE.
TAMPA FL 33610**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	HUDSON, ZACHERY	
STREET ADDRESS	1924 E COMANCHE AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILDS, ANN	
STREET ADDRESS	2009 EAST CLIFTON STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOORE, SHARON	
STREET ADDRESS	3411 N 49TH STREET	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MITCHELL, TERRY L	
STREET ADDRESS	813 TIMBER POND DRIVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, EARLINE	
STREET ADDRESS	1015 12TH AVE, APT B	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. Freddye West Hudson	
STREET ADDRESS	1924 Comanche Ave	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earline Kennedy (Correction)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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:**ZACHERY DR HUDSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/02 (813) 238-8911

Daytime Phone #

CR2E037 (9/01)