

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90127 028 ****70.00

DOCUMENT # N96000001940

1. Entity Name
COMEUNITY, INC.



Principal Place of Business

**803 N. FISKE BLVD.
COCOA FL 32922
US**

Mailing Address

**803 N. FISKE BLVD.
COCOA FL 32922
US**

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 **59-3380450**

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

**SPAULDING, EARTHY
2921 EQUINOX DRIVE
MELBOURNE FL 32935**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D SPAULDING, EARTHY**
STREET ADDRESS **2421 EQUINOX DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32935**

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

TITLE ☐ Delete
NAME **T PITTMAN, JOHN**
STREET ADDRESS **960 BREWSTER LANE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE ☐ Delete
NAME **D ROBERTS, JAMES**
STREET ADDRESS **1919 FABIEN CIRCLE**
CITY-ST-ZIP **VIERA FL 32940**

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

TITLE ☐ Delete
NAME **D JACKSON, JAMES**
STREET ADDRESS **1100 WEDGEWOOD LANE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE ☐ Delete
NAME **D BARBER, DONALD**
STREET ADDRESS **1770 WINDOVER OAKS #44**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE ☐ Delete
NAME **D KEELS, WOODROW**
STREET ADDRESS **1840 CLOVER CIRCLE**
CITY-ST-ZIP **MELBOURNE FL 32935**

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:

Earthy Spaulding
SIGNATURE REQUIRED

Earthy Spaulding

11 Jan 30 2003

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CR2E037 (10/02)