

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002378

1. Entity Name

MYRTLE AVENUE NEIGHBORHOOD IMPROVEMENT ASSOCIATION, INCORPORATED

FILED

May 30, 2002 8:00 am  
Secretary of State

05-30-2002 91593 008 \*\*\*\*70.00

Principal Place of Business

1440-1 N MYRTLE AVE  
JACKSONVILLE FL 32209-7738  
US

Mailing Address

1440-1 N MYRTLE AVE  
JACKSONVILLE FL 32209-7738  
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

59-3257803

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

MILLER, CELIA ANN  
1440 N. MYRTLE AVENUE  
JACKSONVILLE FL 32209

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

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 C ☒ Delete  
NAME WILLIAMS-BEY, HALLIE  
STREET ADDRESS 1567 W 9TH ST  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ Change ☒ Addition  
NAME Dr. Carolyn Williams  
STREET ADDRESS 1576 W. 13TH STREET  
CITY-ST-ZIP Jacksonville, Florida 32209

TITLE CMD ☐ Delete  
NAME MILLER, CELIA A  
STREET ADDRESS 1440 NORTH MYRTLE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32209-7738

TITLE D ☐ Change ☒ Addition  
NAME Mrs. Louise Tippins  
STREET ADDRESS 1280 W. 12TH STREET  
CITY-ST-ZIP Jacksonville, Florida 32209

TITLE VPBM ☒ Delete  
NAME DENMARK, LORENZO MR  
STREET ADDRESS 1081 REIMAN STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ Change ☒ Addition  
NAME MS. Adonnica Tolet  
STREET ADDRESS 1411 W. 22ND STREET  
CITY-ST-ZIP Jacksonville, Florida 32209

TITLE D ☐ Delete  
NAME BROWN, EUGENIA  
STREET ADDRESS 1465 STEELE ST  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ Change ☒ Addition  
NAME Dr. James McLean  
STREET ADDRESS 1658 Kings Road  
CITY-ST-ZIP Jacksonville, Florida 32209

TITLE D ☐ Delete  
NAME KELLY, MARIAN  
STREET ADDRESS 1464 W 6TH ST  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ Change ☒ Addition  
NAME Mr. C. B. Griffin  
STREET ADDRESS 41831 Mississippi CT.  
CITY-ST-ZIP Jacksonville, Florida 32209

TITLE SBM ☐ Delete  
NAME PARTLOW, LEVOYUS  
STREET ADDRESS 1508 N. MYRTLE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☒ Change ☐ Addition  
NAME Hallie Williams-Bey  
STREET ADDRESS 1567 W. 9TH ST.  
CITY-ST-ZIP Jacksonville, FL 32209

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:

*Celia Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 2002 (904) 354-8627  
Date Daytime Phone #

CR2E037 (9/01)