

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004523

1. Entity Name

PRIDE IN ACTION COMMUNITY SERVICES, INC

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90013 037 ****70.00

Principal Place of Business

Mailing Address

3556 HICKORY NUT ST
JACKSONVILLE FL 32208

P.O. BOX 9148
JACKSONVILLE FL 32208-0148
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

59-3421320

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

SMITH, DIANE L
3556 HICKORY NUT ST
JACKSONVILLE FL 32208

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

Diane L Smith

4-18-00

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 ☐ Delete
NAME D
STREET ADDRESS SMITH, DIANE L
CITY-ST-ZIP 3556 HICKORY NUT ST
JACKSONVILLE FL 32208

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GRIFFIN, WYNONA E
CITY-ST-ZIP 2263 W 18 ST
JACKSONVILLE FL 32209

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROSS, SHAUN A
CITY-ST-ZIP 1751 E 26 STREET
JACKSONVILLE FL 32206

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CLARK, RICHARD K
CITY-ST-ZIP 1213 TURTLE CREEK DR N
JACKSONVILLE FL 32218

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Diane L Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 (904) 765-6400

CR2E037 (9/99)