

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

FILED  
Aug 05, 2002 8:00 am  
Secretary of State

08-05-2002 90002 004 \*\*\*\*61.25

DOCUMENT # N96000004991

1. Entity Name

N96000004991

A Day for Charity, Inc. ✓

DO NOT WRITE IN THIS SPACE

972447

2. Principal Place of Business

#6 Hickory Hills Circle

Suite, Apt. #, etc.

3. Mailing Address

#6 Hickory Hills Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Little Rock, AR

City & State

Little Rock, AR

4. FEI Number

65-0723718

Applied For

Not Applicable

Zip  
72212

Country  
USA

Zip  
72212

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Gary M. Crist, Esq.

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

1150 South US Highway #1, Ste. 401

City

Jupiter

FL

Zip Code  
33477

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

FEE IS \$61.25  
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Jennifer Ralston-Day #6 Hickory Hills Circle Little Rock, AR 72212	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Glen E. Day #6 Hickory Hills Circle Little Rock, AR 72212	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Gloria Ralston 51 Belle Meadow Lane Little Rock, AR 72210	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rachel Davis 16940 Colonel Glen Road Little Rock, AR 72210	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Shelia Vaught Grandview Avenue Little Rock, AR 72212	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

President

7-30-02

501-225-5451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #