

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90156 021 ****70.00

DOCUMENT # N96000005962

1. Entity Name
CENTERVILLE RURAL COMMUNITY ASSOCIATION INC.



Principal Place of Business Mailing Address

7328 GRENVILLE ROAD **7328 GRENVILLE ROAD**
TALLAHASSEE FL 32309 **TALLAHASSEE FL 32309**
US **US**

2. Principal Place of Business 3. Mailing Address

6970 GRENVILLE RD **6970 GRENVILLE RD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3452380** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEHRMAN, PAUL A
7600 BRADFORDVILLE ROAD
TALLAHASSEE FL 32308

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 _____ (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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, PAMELA	NAME	
STREET ADDRESS	5051 QUAIL VALLEY RD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32309	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUILAR, GLORIA	NAME	6970 GRENVILLE RD
STREET ADDRESS	7328 GRENVILLE RD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32309	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, CAROLINE	NAME	
STREET ADDRESS	5982 CENTERVILLE RD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32309	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, LINDA	NAME	
STREET ADDRESS	6101 LAURA ROSE LANE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32309	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: *Gloria Aguilar* **GLORIA AGUILAR 3/31/03 894-0860**

CR2E037 (10/02)