2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State DOCUMENT # **N97000004266** 05-19-2002 90211 049 ****61.25 MPHA AND OMEGA FAMILY COMMUNITY RESOURCE SERVIC ES. INC. Principal Place of Business Mailing Address 1009 GREEN PINE BLVD. 1009 GREEN PINE BLVD. SUITE A 3 SUITE A 3 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0772742 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired · 🗆 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TIMOTTHY LAMAR SHAWNOW Street Address (P.O. Box Number is Not Acceptable) SHANNON, MATTIE RUTH 1009 GREEN PINE BLVD. 1009 GREEN PINE BOULEMARD, A3 SUITE A 3 WEST PALM BEACH FL 33/09 WEST PARM BEACH 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. 4/09/02 SIGNATURE red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed r 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change P/D ☐ Delete TITLE TITLE SHANNON, TIMOTHY NAME NAME 1009 GREEN PINE BOUTEYARD, A3 STREET ADDRESS 1350 W 2ND STREET STREET ADDRESS WEST PALM BEACH, FL 33409 CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Delete TITLE TITLE MATTIE RUTH SHANNON NAME NAME 1350 W END STREET STREET ADDRESS STREET ADDRESS 1009 A-3 GREEN PINE BLVD RIVIERA BEACH, FLORIDA 33409 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 Addition TITLE TITLE WORLEY: BARBARA -NAME -NAME STREET ADDRESS STREET ADDRESS 234 LAKEN DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 Change ☐ Addition S/D □ Delete TITLE TITLE NAME SHANNON, WILLIAM NAME STREET ADDRESS STREET ADDRESS 179 30 E STREET CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Change Addition S/D Delete TITLE HARRIET BAILY NAME STREET ADDRESS STREET ADDRESS 2643 DUDLEY DR WEST CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH FL TITLE [] Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

other like empowered.

4/09/02

(561) 682-137

changed, or on an attachment w#

SIGNATURE:

SIGNA