

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

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90072 032 \*\*\*\*61.25

**DOCUMENT # N98000000256**

1. Entity Name

**THE FLORENCE PROJECT, INC.**



Principal Place of Business

**26 LAKE SUPERIOR DRIVE  
MYSTIC ISLAND NJ 08087**

Mailing Address

**26 LAKE SUPERIOR DRIVE  
MYSTIC ISLAND NJ 08087**

70011167



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3503509**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DRUMMOND, PAULA G  
120 S. ALCANIZ STREET  
PENSACOLA FL 32503**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS       | CITY-ST-ZIP                                   | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------------|---|-------|------|----------------|-------------|
|       | CD   | TERRANOVA, CHRISTINA | 11 SCOTT PLACE<br>ROCKVILLE CENTRE NY 11570   |       |      |                |             |
|       | PD   | SNYDER, CATHERINE    | 1102 LINCOLN STREET<br>EASTON PA 18042        |       |      |                |             |
|       | TD   | GRIFFIN, CHUCK       | 26 LAKE SUPERIOR DR<br>MYSTIC ISLAND NJ 08087 |       |      |                |             |
|       | SD   | SHERAN, RACHEL       | 5128 BIRCHMAN AVE.<br>FORT WORTH TX 76102     |       |      |                |             |
|       |      |                      |   |       |      |                |             |
|       |      |                      |   |       |      |                |             |

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:

*CHARLES GRIFFIN, TREAS* 1/1/03 609-296-5111

CR2E037 (10/02)