

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90122 014 ****61.25

DOCUMENT # N98000000925

1. Entity Name

DR. BRITTON'S CHRISTIAN COUNSELING/TEMPERAMENT CENTER, INC.



Principal Place of Business

**1812 UNIVERSITY BOULEVARD NORTH
JACKSONVILLE FL 32216**

Mailing Address

**6137 BOUND LAKE RD N
JACKSONVILLE FL 32216**

2. Principal Place of Business

1343 ROGERO RD.

3. Mailing Address

1343 ROGERO RD.

Suite, Apt. #, etc.

STE. 101

Suite, Apt. #, etc.

STE. 101

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32211

Country

DUVAL

Zip

32211

Country

DUVAL



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3493393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRITTON, RUTH B DR.

**1812 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

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

6137 ROUND LAKE RD. N.

City

JACKSONVILLE

FL

Zip Code

32211

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

7-18-03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

TITLE **PD** ☐ Delete
NAME **BRITTON, RUTH B DR.**
STREET ADDRESS **1812 UNIVERSITY BOULEVARD SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☒ Delete
NAME **DRISKELL, DEMETRIS**
STREET ADDRESS **1812 UNIVERSITY BOULEVARD SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **TD** ☐ Delete
NAME **BRITTON, MILO C**
STREET ADDRESS **1812 UNIVERSITY BOULEVARD SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **SD** ☐ Delete
NAME **BRITTON, LARETA S**
STREET ADDRESS **1812 UNIVERSITY BOULEVARD SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Delete
NAME **WILLIAMS, KIM**
STREET ADDRESS **1812 UNIVERSITY BLVD S**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **SRS** ☒ Delete
NAME **CORDOINA, CYNTHIA**
STREET ADDRESS **1812 UNIVERSITY BOULEVARD SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **1343 ROGERO RD. STE. 101**
STREET ADDRESS **JACKSONVILLE, FL 32211**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **1343 ROGERO RD. STE. 101**
STREET ADDRESS **JACKSONVILLE, FL 32211**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **1343 ROGERO RD. STE. 101**
STREET ADDRESS **JACKSONVILLE, FL 32211**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **1343 ROGERO RD. STE. 101**
STREET ADDRESS **JACKSONVILLE, FL 32211**
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.

PRESIDENT

SIGNATURE

RUTH B. BRITTON

904-744-9445

CR2E037 (4/03)