2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N980000001046

1. Entity Name

Bembow's Love and Care Shelter I

Principal Place of Business

259 Quebec Ave
Defuniak Springs Fla
32433

Mailing Address

259 Quebec Ave
Defunial Spr
Fla 32433

2. Principal Place of Business

259 Quebce

Suite, Apt. #, etc.

City & State: DeFuniak Sps Fla
Zip: 32433   County: Walton

3. Mailing Address

259 Quilanc Ave

Suite, Apt. #, etc.

City & State: DeFuniak Sprs Fla
Zip: 33433   Country: Walton

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3489790
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐
$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Mackie Lee
67 Bay Street
Defuniak Sp. Fla
32435

7. Name and Address of New Registered Agent

Name: Mackie Lee
Street Address (P.O. Box Number is Not Acceptable): 67 Bay Street
City: Defuniak Spr   FL   Zip Code: 32435

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: Priscilla L. Bembow

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

DATE: 6-23/01

FILE NOW FEE IS $61.25

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME Gloria J. Ingram / STREET ADDRESS 45 Bay Street / CITY-ST-ZIP DeFuniak Spr. Fla ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME D. Lisa Lee / STREET ADDRESS 50 Quebec Ave / CITY-ST-ZIP DeFuniak Spr, Fla ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE President / NAME Reginald Bembow / STREET ADDRESS 516 Tallpine St, Crestview 32539 / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Vice President / NAME Rodney Bembow / STREET ADDRESS 67 Bay Ave / CITY-ST-ZIP DeFuniak Spr Fla 32435 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME Priscilla L. Bembow / STREET ADDRESS 20 Ac Ave / CITY-ST-ZIP DeFuniak Spr. Fla 32435 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E037 (11/00)

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: Gloria J. Ingram

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O DIRECTOR

Date: 6/23/01   Daytime Phone #: (850) 892-9137