

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003642

1. Entity Name

NORTH CENTRAL FLORIDA SEXUAL ASSAULT CENTER, INC

Principal Place of Business

21235 SOUTH FIRST STREET
LAKE CITY FL 32055

Mailing Address

7591 180TH ST.
MCALPIN FL 32062

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BOWEN, BECKY
7591 180TH ST.
MCALPIN FL 32062

4. FEI Number

59-3521746

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DELBENE, JUDY
STREET ADDRESS RT4 BOX 330
CITY-ST-ZIP LAKE CITY FL 32024 ☐ Delete

TITLE VD
NAME RHODES, BUNNY
STREET ADDRESS 9043 137 TH RD
CITY-ST-ZIP LIVE OAK FL 32060 ☒ Delete

TITLE TD
NAME ALVARADO, HANNAH
STREET ADDRESS 1255 S FIRST STREET
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD
NAME RODRIQUEZ, SALLY
STREET ADDRESS Route 1 Box 413-25
CITY-ST-ZIP Lake City, Fl. 32055 ☐ Change ☒ Addition

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

TITLE T
NAME FIELDS, NANCY
STREET ADDRESS 5351 104th Terrace
CITY-ST-ZIP Live Oak, Fl. 32060 ☐ Change ☒ Addition

TITLE MD
NAME BOWEN, BECKY
STREET ADDRESS 7591 180th Street
CITY-ST-ZIP McAlpin, Fl. 32062 ☐ Change ☒ Addition

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

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: Becky J. Bowen Becky J. Bowen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

800-758-7139

Daytime Phone #

CR2E037 (10/00)

0008 04

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90091 044 *****70.00



DO NOT WRITE IN THIS SPACE