

2002 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 32025

Mailing Address

7591 180TH ST.
MCALPIN FL 32062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 32025

Country

Zip

Country

6. Name and Address of Current Registered Agent

BOWEN, BECKY
7591 180TH ST.
MCALPIN FL 32062

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

Becky J. Bowen BB *Becky J. Bowen* BB

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/02 BB
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	President <input type="checkbox"/> Delete
NAME	DELBENE, JUDY	
STREET ADDRESS	RT4 BOX 330	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	TD	Treasurer <input type="checkbox"/> Delete
NAME	ALVARADO, HANNAH	
STREET ADDRESS	1255 S. FIRST STREET	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	VD	Vice President <input type="checkbox"/> Delete
NAME	RODRIGUEZ, SALLY	
STREET ADDRESS	ROUTE 1 BOX 413-25	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	T	Secretary <input checked="" type="checkbox"/> Delete
NAME	FIELDS, NANCY	
STREET ADDRESS	5351 104TH TERRACE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	MD	Director <input type="checkbox"/> Delete
NAME	BOWEN, BECKY	
STREET ADDRESS	7591 180TH STREET	
CITY-ST-ZIP	MC ALPIN FL 32062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amber Langston	
STREET ADDRESS	Rt 1 Box 215-A	
CITY-ST-ZIP	Lake City, FL 32055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Becky J. Bowen* BB *Becky J. Bowen* BB

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02 (386) 719-9287

Date

Daytime Phone #

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-21-2002 91133 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)