

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

DOCUMENT # N98000003642

1. Entity Name

NORTH CENTRAL FLORIDA SEXUAL ASSAULT CENTER, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 29 AM 10:23

Principal Place of Business

Mailing Address

21255 SOUTH FIRST STREET- 1149 SW
LAKE CITY FL 32025 MAIN BLVD.

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

Country

Zip

Country

4. FEI Number 59-3521746

Applied For

Not Applicable

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

BOWEN, BECKY
7591 180TH ST.
MCALPIN FL 32062

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.

400018845724
05/13/03--01061--032 **70.00

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

TITLE PD
NAME Delbene, Judy
STREET ADDRESS RT. 4 Box 330
CITY-ST-ZIP Lake City, FL 32024 ☐ Change ☐ Addition

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

TITLE TD
NAME Charles Joseph Dr.
STREET ADDRESS 861 N.W. Eddie St.
CITY-ST-ZIP Lake City, FL 32055 ☐ Change ☒ Addition

TITLE VPD
NAME RODRIQUEZ, SALLY
STREET ADDRESS ROUTE 1 BOX 413-25
CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete

TITLE VP
NAME Rodriguez Sally
STREET ADDRESS 520 N.W. Sugar Cane Place
CITY-ST-ZIP Lake City, FL 32055 ☐ Change ☐ Addition

TITLE T
NAME FIELDS, NANCY
STREET ADDRESS 5351 104TH TERRACE
CITY-ST-ZIP LIVE OAK FL 32060 ☐ Delete

TITLE SD
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 MC ALPIN FL 32062 ☐ Delete

TITLE MD
NAME Bowen Becky
STREET ADDRESS 7591 180th Street
CITY-ST-ZIP McAlpin, FL 32062 ☐ Change ☐ Addition

TITLE S
NAME LANDSTON, AMBER
STREET ADDRESS RT 1 BOX 215-A
CITY-ST-ZIP LAKE CITY FL 32055 ☒ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/03 386-719-9287

CR2E037 (10/02)

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