

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

0007014

DOCUMENT # N98000006189

1. Entity Name

PINECREST COMMUNITY OUTREACH, INC.



FILED  
03 DEC 12 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3504 HIBISCUS PLACE  
MIRAMAR FL 33023

Mailing Address

PO BOX 670993  
CORAL SPRINGS FL 33067

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 65-0876996

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

HUNTE, JOSEPHINE M  
3504 HIBISCUS PLACE  
MIRAMAR FL 33023

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.

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  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	HUNTE, JOSEPHINE M	3090 HOLIDAY SPRINGS BLVD.	MARGATE FL 33063				
D	STINETTE, JUANTA	3313 CABANET LANE	MARGATE FL 33063				
D	LARKEN, GILMO	3504 HIBISCUS PLACE	MIRAMAR FL 33023				

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:

*Josephine M. Hunt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/03

954-255-2429

CR2E037 (4/03)

Dear Sir/Madam,

I was instructed by a staff member in your office to write this letter explaining why my documents for Lincolnton Community Outreach arrived late, and that is because I have been ill, ~~and~~ I had major surgery.

I want to thank you for your understanding. Have a Merry X.Mas.

I am  
J. Hunter