

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000476

1. Entity Name

PINE FOREST COMMUNITY ACTION CORPORATION



FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90025 033 ****61.25

Principal Place of Business

3856 GRANT RD.
 JACKSONVILLE FL 32207-6627

Mailing Address

3856 GRANT RD.
 JACKSONVILLE FL 32207-6627

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

59-3441929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, CARRIE
 3856 GRANT RD.
 JACKSONVILLE FL 32207-6627

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **DAVIS, CARRIE**
 CITY-ST-ZIP **6709 ST.AUGUSTINE RD.**
JACKSONVILLE FL 32217

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DAVIS, MATTIE**
 CITY-ST-ZIP **1811 BREWSTER RD.**
JACKSONVILLE FL 32207

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JOHNSON, SHEPPARD**
 CITY-ST-ZIP **3787 FREEMAN RD.**
JACKSONVILLE FL 32207

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LEE, LORAIN**
 CITY-ST-ZIP **2165 CALJON RD.**
JACKSONVILLE FL 32207

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SMITH, WALTER**
 CITY-ST-ZIP **4150 GRANT RD.**
JACKSONVILLE FL 32207

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/00

398-2096

Date

Daytime Phone #

CR2E037 (9/99)