

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90118 018 ****61.25

0061694

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1. Entity Name

ACTION FOR A BETTER COMMUNITY, INC.



Principal Place of Business

507 N. 6TH ST.
FT. PIERCE FL 34950

Mailing Address

507 N. 6TH ST.
FT. PIERCE FL 34950

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 **65-0895095**

Applied For

Not Applicable

5. Certificate of Status Desired

EPOR **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GARVIN, SHIRLEY
507 N. 6TH ST.
FT. PIERCE FL 34950

7. Name and Address of New Registered Agent

Name *Same*
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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MIMS, HENRY J JR.	
STREET ADDRESS	2612 ROBERT TRENT JONES DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARVIN, CHRISTOPHER	
STREET ADDRESS	507 N. 6TH ST.	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEARS, MARCIA	
STREET ADDRESS	16526 CYPRESS BRIDGE DR	
CITY-ST-ZIP	CYPRESS TX 77427	
TITLE	P	<input type="checkbox"/> Delete
NAME	GARVIN, SHIRLEY	
STREET ADDRESS	507 7TH 6TH ST.	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly Country	
STREET ADDRESS	709 cedar Place	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patsy LEE	
STREET ADDRESS	707 NTH 17 ST	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	N.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNEST GARVIN	
STREET ADDRESS	507 NTH 6TH ST.	
CITY-ST-ZIP	FT. PIERCE FL 34950	
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: SIGNATURE *Shirley Mims*

1/27/03 (772) 466-9556

CR2E037 (10/02)