2000 UNIFORM BUSINESS REPORT (UBR)

4/17/(

FILED
Jun 06, 2000 8:00 am
Secretary of State
04-17-2000 90127 021 ****61.25

DOCUMENT # N99000001745

Entity Name

NORTH GREENWOOD COMMUNITY FAMILY CENTER, INC.

Principal Place of Business

NORTH GREENWOOD AVE.
CLEARWATER FL 33755

Mailing Address

1002 NORTH GREENWOOD AVE.
CLEARWATER FL 33755-3324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1250 Holt St.
Suite, Apt. #, etc.

City & State
Clearwater FL

Zip
33755

Country
Pinellas

3. Mailing Address
1250 Holt ST.
Suite, Apt. #, etc.

City & State
Clearwater FL

Zip
33755

Country
Pinellas

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABDUR-RAHIM, MUHAMMAD
1028 NORTH MADISON AVE.
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City **FL** Zip Code

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: Muhammad Abdur-Rahim 4/5/00

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D	P ABDUR-RAHIM, MUHAMMAD 1028 NORTH MADISON AVE. CLEARWATER FL 33755 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D	V JENKINS, WALLACE ~~1001 N. GREENWOOD AVE., BLDG 28, APT 2~~ ~~CLEARWATER FL 33755~~ New Address → ☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Jenkins, Wallace 200 Skycrest Ave. Apt 147 Clearwater FL 33765
D	ST TROTMAN, CELESTE 1417 ADMIRAL WOODSON LN CLEARWATER FL 33755 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Muhammad Abdur-Rahim 3/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #