

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90209 020 ****61.25

DOCUMENT # N99000001745

1. Entity Name
NORTH GREENWOOD COMMUNITY FAMILY CENTER, INC.



Principal Place of Business
1250 HOLT ST
CLEARWATER FL 33755

Mailing Address
1250 HOLT ST
CLEARWATER FL 33755

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 59-3732528

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

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

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

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 **DP** ☐ Delete
NAME **ABDUR-RAHIM, MUHAMMAD**
STREET ADDRESS **1028 NORTH MADISON AVE.**
CITY-ST-ZIP **CLEARWATER FL 33755**

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

TITLE **VD** ☒ Delete
NAME **JENKINS, WALLACE**
STREET ADDRESS **200 SKYCREST AVE APT 147**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☒ Change ☐ Addition
NAME **Michelle Dublin**
STREET ADDRESS **1919 Washington Street**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **STD** ☒ Delete
NAME **TROTMAN, CELESTE**
STREET ADDRESS **1417 ADMIRAL WOODSON LN**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☒ Change ☐ Addition
NAME **Margaret Abdul-Rahim**
STREET ADDRESS **1028 North Madison**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Abdur-Rahim* **DP** **01-08/03** **(227)** **999-1887**

CR2E037 (10/02)