

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002275

1. Entity Name

**BOWLING GREEN COMMUNITY OF CONCERNED CITIZENS, I
NC.**

Principal Place of Business

Mailing Address

**B G CONVENIENCE STORE
P O BOX 73
BOWLING GREEN FL 33834**

**B G CONVENIENCE STORE
P O BOX 73
BOWLING GREEN FL 33834**

2. Principal Place of Business

ST JOHN AME CHURCH

3. Mailing Address

Post Office Box 73

Suite, Apt. #, etc.

513 ORANGE STREET

Suite, Apt. #, etc.

City & State

BOWLING GREEN, FL

City & State

BOWLING GREEN, FL

Zip

33834

Country

USA

Zip

33834

Country

USA

4. FEI Number

65-0566770

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, THERON C
714 PALMETTO STREET
BOWLING GREEN FL 33834**

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 **PD** ☐ Delete
NAME **JONES, THERON**
STREET ADDRESS **714 PALME 7TH ST.**
CITY-ST-ZIP **BOWLING GREEN FL 33834**

TITLE **VPD** ☐ Delete
NAME **FULSE, CHARLES**
STREET ADDRESS **4915 MASON DIXIE AVE.**
CITY-ST-ZIP **BOWLING GREEN FL 33834**

TITLE **TD** ☐ Delete
NAME **FULSE, JEWEL**
STREET ADDRESS **5039 MYRICK AVE.**
CITY-ST-ZIP **BOWLING GREEN FL 33834**

TITLE **CS** ☐ Delete
NAME **FULSE, JOYCE O**
STREET ADDRESS **4915 MASON-DIXON AVE**
CITY-ST-ZIP **BOWLING GREEN FL 33834**

TITLE **FS** ☐ Delete
NAME **RYALS, DELLA O**
STREET ADDRESS **5028 MYRICK AVE**
CITY-ST-ZIP **BOWLING GREEN FL 33834**

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

TITLE ☐ Change ☐ Addition
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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: **Theron C. Jones - President (Theron C. Jones)**

1/24/2002 (863) 773-0434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)