

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90790 018 ****61.25

DOCUMENT # N99000004517

1. Entity Name

R.M. LEE COMMUNITY DEVELOPMENT CENTER, INC.



Principal Place of Business

**900 N. SEACREST BLVD.
BOYNTON BCH FL 33435**

Mailing Address

**P.O. BOX 370
BOYNTON BEACH FL 33425**

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 **65-0937804**

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

**EDMONDS, ALEXANDER JR.
6084 STRAWBERRY LAKE CIRCLE
LAKE WORTH FL 33463**

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	P	<input type="checkbox"/> Delete
NAME	EDMONDS, ALEXANDER JR	
STREET ADDRESS	6084 STRAWBERRY LAKES CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, DAISY	
STREET ADDRESS	16 VIA DE CASA SUR #204	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERROD, OCTAVIA	
STREET ADDRESS	150 NE 17 COURT	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, KATIE M	
STREET ADDRESS	721 N. AUSTRALIAN AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, ORIS	
STREET ADDRESS	707 NW THIRD STREET	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODOM, YVONNE	
STREET ADDRESS	3905 LOWSON BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francis, Frances	
STREET ADDRESS	1135 S. W. 24th Avenue	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Watson, Larry	
STREET ADDRESS	23 Valencia Drive	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jackson-Michelet, Cynthia	
STREET ADDRESS	1 Ripley Way	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chaney, Rev. Lance	
STREET ADDRESS	900 North Seacrest Blvd	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heath, Earl	
STREET ADDRESS	126 N. 6th Avenue	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frazier, Jr., Charlie	
STREET ADDRESS	360 Davis Road	
CITY-ST-ZIP	Delray Beach, FL 33445	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (561) 732-4042

Date Daytime Phone #

CR2E037 (10/02)

R. M. LEE COMMUNITY DEVELOPMENT CENTER, INC.
900 NORTH SEACREST BLVD.
Boynton Beach, FL 33435

Addition To Officers and Directors

D

Bolden, Jim
879 Wind Tree Way
Wellington, FL 33414