## 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 13, 2001 8:00 am**
**Secretary of State**
07-10-2001 90115 002 ****61.25

### DOCUMENT # N99000005100

**1. Entity Name**

GRACE PROGRESSIVE FAMILY LIFE CENTER, INC.

**77456**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 1164<br>BRADENTON FL 34206 | 236 DR. MARTIN LUTHER KING AVENUE WEST<br>BRADENTON FL 34205 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3505 1st Street E.<br>Suite, Apt. #, etc. | P.O. Box 1164<br>Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| City & State Bradenton, FL | City & State Bradenton, FL | 4. FEI Number 65-0945526 | Applied For / Not Applicable |
|---|---|---|---|
| Zip 34208 | Country USA | Zip 34208 | Country USA | 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 |
|---|---|
| JENKINS, TIFFANY<br>1006 25TH ST. E.<br>BRADENTON FL 34208 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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:<br>FEE IS $61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. ☐ | $5.00 May Be<br>Added to Fees | Make Check Payable to<br>Department of State |
|---|---|---|---|

| 10. | OFFICERS AND DIRECTORS | | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CLYBURN, WILLIAM DR<br>1604 89TH ST. E.<br>BRADENTON FL 34209 | D | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>Lester Sharard Clinkscales<br>1007 44th St. E.<br>Bradenton, FL 34208 | ☐ Change | ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>JENKINS, TIFFANY<br>1006 25TH SST. E.<br>BRADENTON FL 34208 | D | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NEWELL, CYNTHIA<br>1502 14TH ST. E.<br>BRADENTON FL 34208 | D | ☑ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |

CR2E037 (10/00)

**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: Tiffany Jenkins REQUIRED    4/28/01

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

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State

July 11, 2001

GRACE PROGRESSIVE FAMILY LIFE CENTER, INC.
P. O. BOX 1164
BRADENTON, FL 34208

Subject: **GRACE PROGRESSIVE FAMILY LIFE CENTER, INC.**

Reference
Number:     N990000005100

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sr
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314