

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91163 014 ****61.25

DOCUMENT # 199000006221

1. Entity Name

Beloved Teenage Pregnancy Center Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2623 Castle Oak Ave.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 680724
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

593604725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Frankie Hosea-Brown

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

2623 Castle Oak Ave.

City

Orlando

FL

Zip Code

32808

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY - ST - ZIP

Pres./CEO
Frankie Hosea-Brown
2623 Castle Oak Ave.
Orlando, FL 32808

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice-Pres.
Armando S. Brown
2623 Castle Oak Ave.
Orlando, FL 32808

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Treasurer
Francina Hosea
3520 Forest Dale Dr.
Orlando, FL 32808

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Shelicia (Secretary)
Shelicia Frazier
3318 Chamot Place
Orlando, FL 32812

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Frankie Hosea-Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 (407) 592-5033

CR2E037B (12/01)