

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006664

1. Entity Name

CENTRAL FLORIDA FAIR HOUSING COALITION, INC.

Principal Place of Business

1109 11TH COURT N.E.
WINTER HAVEN FL 33881

Mailing Address

1109 11TH COURT N.E.
WINTER HAVEN FL 33881

2. Principal Place of Business

570 Avenue J, SE

Suite, Apt. #, etc.

3. Mailing Address

570 Avenue J, SE

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

Polk

City & State

Winter Haven, FL

Zip

Polk

4. FEI Number

59-3696280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURNHAM, PERRY
1109 11TH COURT N.E.
WINTER HAVEN FL 33881

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

Perry Burnham Perry Burnham

4-29-02

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	P	<input type="checkbox"/> Delete
NAME	BURNHAM, PERRY	
STREET ADDRESS	1109 11TH COURT NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	FULSE, BERNARD	
STREET ADDRESS	6072 WATERWOOD PATH	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, RONALD	
STREET ADDRESS	4325 WOODRIDGE DRIVE	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORUM, RUBY	
STREET ADDRESS	123 KENTUCKY AVENUE NORTH	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	Derrick Woodard	
STREET ADDRESS	2700 Idylridge Way, NW	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jeffery Potter	
STREET ADDRESS	637 1 st St., SW	
CITY-ST-ZIP	Winter Haven, FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 employees.

SIGNATURE: *Perry Burnham* Perry Burnham

4-29-02

863-294-5056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

627-02

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-21-2002 91230 033 ****61.25

37519



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)