

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007002

1. Entity Name

I.C. - H.O.P.E. OF JACKSONVILLE, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90018 035 \*\*\*\*70.00

Principal Place of Business

9319 RIDGE BOULEVARD  
 JACKSONVILLE FL 32208

Mailing Address

POST OFFICE BOX 9590  
 JACKSONVILLE FL 32208

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

59-3623694

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

YARBER, LEWIS R  
 9319 RIDGE BOULEVARD  
 JACKSONVILLE FL 32208

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**  
**After September 13, 2000 min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	YARBER, LEWIS N	
STREET ADDRESS	6360 FERBER ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input type="checkbox"/> Delete
NAME	YARBER, NANCY	
STREET ADDRESS	6360 FERBER ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOGGINS, CARLA A	
STREET ADDRESS	4488 MISTY DAWN COURT S.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALVIN, CECILIA A	
STREET ADDRESS	3409 MARLO STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZIER, GWENDOLYN C	
STREET ADDRESS	1635 CARBONDALE DRIVE, N.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHMOND, VANESSA R	
STREET ADDRESS	1735 CAVALCADE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ADMINISTRATIVE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASSISTANT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" 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 empowered.

SIGNATURE:

*Carla A. Goggins* REQUIRED CARLA GOGGINS

9/7/00

904-764-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

DOCUMENT # N99000007002 . . .

I.C. - H.O.P.E. OF JACKSONVILLE, INC.

Attachment  
# N99000007002  
A0077266

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:	VICE-CHAIRMAN	ADDITION
NAME:	ARTHUR L. JOHNSON	
STREET ADDRESS:	2305 ST. LEGER DRIVE	
CITY/ST/ZIP:	JACKSONVILLE, FLORIDA 32208	

TITLE:	COMMITTEE CORDINATOR	ADDITION
NAME:	ALDEAN R. GREEN	
STREET ADDRESS:	1515 EAST ROAD	
CITY/ST/ZIP:	JACKSONVILLE, FLORIDA 32216	

TITLE:	DIRECTOR	ADDITION
NAME:	ARTHUR L. ANDERSON	
STREET ADDRESS:	1211 BLUEHILL DRIVE NORTH	
CITY/ST/ZIP:	JACKSONVILLE, FLORIDA 32218	

TITLE:	DIRECTOR	ADDITION
NAME:	TIWANA FLAGG-MARTIN	
STREET ADDRESS:	2651 UNIVERSITY BOULEVARD NORTH APT. # 113	
CITY/ST/ZIP:	JACKSONVILLE, FLORIDA 32211	

TITLE:	DIRECTOR	ADDITION
NAME:	TAMMY V. PADEN	
STREET ADDRESS:	1515 EAST ROAD	
CITY/ST/ZIP:	JACKSONVILLE, FLORIDA 32216	