

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90261 039 ***150.00

DOCUMENT # P01000026154

1. Entity Name
THE CENTER FOR POSITIVE AGING, INC.

Principal Place of Business

**1449 CRICKET HOLLOW LN
 JACKSONVILLE FL 32259**

Mailing Address

**1449 CRICKET HOLLOW LN
 JACKSONVILLE FL 32259**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13091 BRANCH VINE DR. N

Suite, Apt. #, etc.

3. Mailing Address

13091 BRANCH VINE DR. N.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3709725

Applied For

Not Applicable

Zip

32246

Country

DUAL USA

Zip

32246

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUBBARD, KIM K
 1106 PARK AVE
 ORANGE FL 32073**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: **D** Delete
 NAME: **NICKENS, CARLOYN**
 STREET ADDRESS: **1449 CRICKET HOLLOW LN**
 CITY-ST-ZIP: **JACKSONVILLE FL 32259**

TITLE: **D** Delete
 NAME: **YOUNG, GLENDA D**
 STREET ADDRESS: **13091 BRANCH VINE DR N**
 CITY-ST-ZIP: **JACKSONVILLE FL 32256**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
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TITLE: Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:
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TITLE: Change Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenda D Young
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 904-221-6838
 Date Daytime Phone #

CR2E034 (9/01)