## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 24, 2003 8:00 am Secretary of State

1. Entity Nar UNIVERS	# 700968 EVARD CHAPEL OF E, FLORIDA, INC.	OD O				04-	11-200:	3 901 49	9 038 ***	*61.25			
Principal Place of Business Mailing Address					<u> </u>								
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2. Principal Place of Business			3. Mailing Address										,
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State		4. FEI Number			85201			Applied For Not Applicable		
Zip	<b>~</b>	Country	Zip		intry - ⇔ ∻∴a	*****	5. Certificate of	f Status [	Desired		\$8.75 Ac	4-11411	7
	6. Name	and Address of Current F	legistered Agent				7. Name and /	ddress	of New Ro				ゴ
					Name	<u> OLSO</u>	NDEAN	W					
JONES, Q.RUSSELL 2831 LANTANA DR. W.					Street Ad	ddress (F 2214	O. Box Number Univer	is Not Ac	ceptable)	i. S			1
	NVILLE FL :			, — — — — — — — — — — — — — — — — — — —			sonvill			2216			7
					City	Jack	sonville	<u></u>		FL	322	<b>1</b> 6	1
			the purpose of changing its r	egistere	d office or	registere	d agent, or both	, in the St	ate of Flor	ida. I am	familiar with	, and accept	┦
the obligat	tions of regist	ered agent.											1
Old Hatting	1												- 1
SIGNATURE													1
SIGNATURE	Signature, typed	or printed name of registered agent si	nd little if explicable. (NOTE:	Registerso	d Agent signetu	re required v	viveri reinstating)			DATE			
		or printed name of registered agent ex	d life if epplicable (NOTE)  9. Election Camp Trust Fund Co	paign Fi	inancing		\$5.00 May Be			e Checl	c Payable		-
		: FER IS \$61.25	9. Election Camp Trust Fund Co	paign Fi	inancing		\$5.00 May Be Added to Fees		Florida	e Checl	tment of	State	
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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 Block 11 if changed, or on an attachment with appearers, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #