2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2002
Secretary of State

DOCUMENT# 710143

Entity Name: NORTHEAST FLORIDA KIWANIS REGIONAL SCIENCE AND ENGINEERING FAIR, INC.

Current Principal Place of Business:

11042 KNOTTINGBY DR.
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

11042 KNOTTINGBY DR.
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 23-7407222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, ANDY
11042 KNOTTINGBY DR.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, GLENN,
Address: 1644 MAYVIEW RD.
City-St-Zip: JACKSONVILLE, FL 00000,

Title: SD ( ) Delete
Name: NORMAN, NELLIE B.,
Address: 7836 FAWN VALLEY RD.
City-St-Zip: JACKSONVILLE, FL 00000,

Title: VP ( ) Delete
Name: DUNFORD, JAMES M.
Address: 5510 RIGEL COURT
City-St-Zip: ATLANTIC BEACH, FL

Title: TD ( ) Delete
Name: THOMPSON, ANDY
Address: 11042 KNOTTINGBY DR.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: VAUGHN, GEORGE
Address: 126 BAY STREET
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: S/D (X) Change ( ) Addition
Name: ENG, DORIAN
Address: 11729 WORDSWORTH CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: V/D (X) Change ( ) Addition
Name: GULLION, PHIL
Address: 8427 GEMINI DRIVE
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: T/D (X) Change ( ) Addition
Name: THOMPSON, ANDY
Address: 11042 KNOTTINGBY DR.
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDY THOMPSON T/D 09/13/2002

Electronic Signature of Signing Officer or Director — Date