2003 NOT-FOR-PROFIT CORPORATION

Mar 12, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR **DOCUMENT # 738450** 1. Entity Name 03-12-2003 90070 039 ****70 00 WESTMINSTER SHORES, INC. Principal Place of Business Mailing Address 80 W LUCERNE CIR 80 W LUCERNE CIR ORLANDO FL 32801 ORLANDO FL 32801 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 59-0714826 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Keith. Henry t Street Address (P.O. Box Number is Not Acceptable) 80 W LUCERNE CIR ORLANDO FL 32801 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DS TITLE ☐ Delete TITLE ☐ Change ☐ Addition DYE. STEPHEN NAME NAME STREET ADDRESS **80 WEST LUCERNE CIRCLE** STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME EMERSON, JAMES F NAME STREET ADDRESS **80 W LUCERNE CIR** STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 C!TY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME KEITH, HENRY T NAME STREET ADDRESS **80 W LUCERNE CIR** STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HULL, WILLIAM C NAME STREET ADDRESS **80 WEST LUCERNE CIRCLE** STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP AS TITLE 🔀 Delete TITLE Addition ☐ Change NAME SMAAGE, DONNA M Shannon, Eugenia R. 80 West Lucerne Circle NAME STREET ADDRESS **80 LUCERNE CIR** STREET ADDRESS CITY-ST-7IP ORLANDO FL 32801 CITY-ST-ZIP Orlando, FL 32801 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FERGUSON, REV HARRY NAME STREET ADDRESS **80 WEST LUCERNE CIRLCE** STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

ORLANDO FL 32801

CITY-ST-ZIP

3-10-02 407-879-5050

FILED