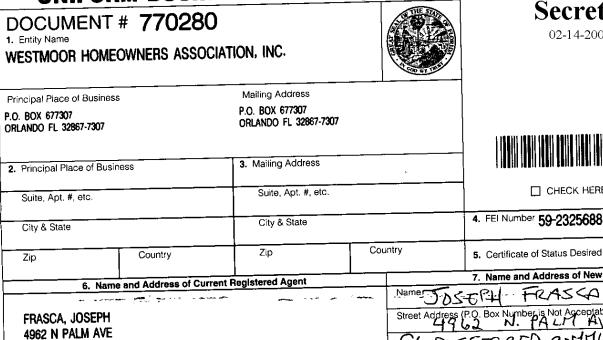
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90206 008 ****61.25



☐ CHECK HERE IF MAKING CHANGES		
umber 59-2325688	Applied For	
	Not Applicable	

\$8.75 Additional

Fee Required 7. Name and Address of New Registered Agent - FRAS <

PREFERENCE CONTINUITY HANAGENEUT

	MINICIA III	
	od office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
3. The above named entity submits this statement for the purpose of changing its registere	Of Office of Toglotorea against an analy	1
the obligations of registered agent.		, 1
and there to	SEPH FIRMS CA	2/11/03
SIGNATURE Signature, typed or printed name of begistered agent and title if applicable. (NOTE: Registered	d Agent signature required when reinstating)	DATE
Olgi Indio, type of China		Make Check Payable to

FILE NOW: FEE IS \$61.25

WINTER PARK FL 32792

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9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. CR2E037 (10/02 10. Addition ΔPD TITLE PONALD GARCIACT. PD Delete TITLE NAME COBLE, DAVID M NAME 7623 BRISBANE STREET ADDRESS 148 CRANFIELD CT STREET ADDRESS ORLANDO, FL CITY-ST-ZIP orlando fl 32835 CITY-ST-ZIP Addition Change TITLE VPD 风 Delete CHRISTINE WEIBUSH TITLE NAME GIONO, MARJORIE 100 CRANFIELD CT. NAME STREET ADDRESS 120 WESTMOOR BEND STREET ADDRESS GRLANDO IFL CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP ☐ Addition Change TITLE □ Delete MICHELLE-KEMP-TITLE NAME KEMP, MICHELLE PO BOX 340742 NAME STREET ADDRESS 7836 KENSINGHAM CT STREET ADDRESS GOTHA, FL CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-718 Addition Change Change TITLE Delete TITLE TOAN OLIVER NAME FILMORE, TONIA A 118 CRANFIELD CT OPLANDO, FL 328 NAME STREET ADDRESS 7720 CARRICK CT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP ☐ Addition Delete TITLE SD RACHEL DOVAN NAME 243 ASHBONRAE DOLAN, RACHEL NAME STREET ADDRESS 243 ASHBORNE DR STREET ADDRESS orvauso, FL CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 Addition ☐ Change TITLE Delete TD TITLE NAME BRINSON, RICHARD NAME STREET ADDRESS 136 CRANFIELD CT STREET ADDRESS CITY-ST-ZIP

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 of 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 chapter 617 or on an attachment with an address, with all other like empowered. ORLANDO FL 32835

SIGNATURE:

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