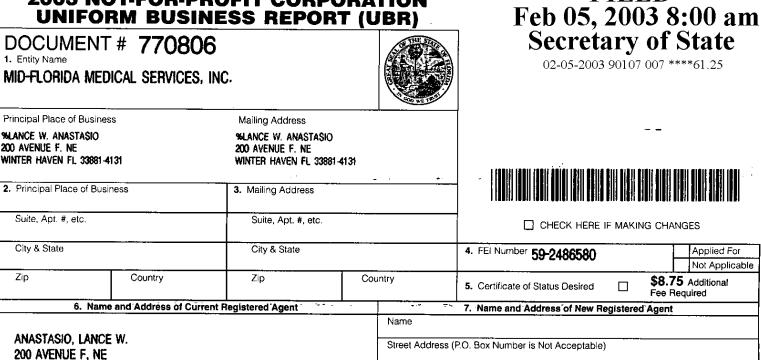
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 770806



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.

City

SIGNATURE

WINTER HAVEN FL 33880

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILED

Make Cheek Develoe to

Applied For Not Applicable

Zip Code

FILE NOW: FEE IS \$61.25		Trust Fund Contribution.		Added to Fees Florida Department of State		
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM DANTZLER, RICHARD 860 W LAKE OTIS DR. WINTER HAVEN FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD	X Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOSTICK, MARK 169 LAKE OTIS ROAD SE WINTER HAVEN FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP-	ASD	☆ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORROW, RONALD A 264 LAKE LINK DR, SE WINTER HAVEN FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD WILLARD, EDGAR H III 1330 LAKE OTIS DRIVE, NORTH WINTER HAVEN FL 33880	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. M. Nolen P.O. Box 1439 Winter Haven,	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MCPHERSON, CHARLES W 9 CYPRESS COVE ROAD SE WINTER HAVEN FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATTA STRAUGHN, RICHARD 255 MAGNOLIA AVENUE SW WINTER HAVEN FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	X Change	Addition

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 received 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 of the corporation or the receiver or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1/29/03

(863) 297-1899