


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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90237 027 ****61.25

DOCUMENT # F02000000016

1. Entity Name
THE CHATLOS FOUNDATION, INC.



Principal Place of Business
**710 MIAMI SPRINGS DR.
LONGWOOD FL 32779**

Mailing Address
**PO BOX 915048
LONGWOOD FL 32791-5048**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **13-6161425**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, CHARLES O JR.
1300 NW 167TH ST., SUITE 3
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CDVP	<input type="checkbox"/> Delete
NAME	RANDLE, KATHRYN	
STREET ADDRESS	757 SEA SHORE RD.	
CITY-ST-ZIP	CAPE MAY NJ 08204	
TITLE	PVCD	<input type="checkbox"/> Delete
NAME	CHATLOS, WILLIAM J	
STREET ADDRESS	201 RIVERVIEW DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANDON, CINDEE	
STREET ADDRESS	10695 WREN RIDGE ROAD	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORGAN, JR., CHARLES O	
STREET ADDRESS	1300 NW 167TH ST., SUITE 3	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DSAT	<input type="checkbox"/> Delete
NAME	CHATLOS, CAROL J	
STREET ADDRESS	256 CHURCHILL DR.	
CITY-ST-ZIP	LONGWOOD FL 32779-4619	
TITLE	DVTA	<input type="checkbox"/> Delete
NAME	ROACH, MICHELE	
STREET ADDRESS	180 VILLA DI ESTE TERRACE, #112	
CITY-ST-ZIP	LAKE MARY FL 32746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOM, CINDEE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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.

SIGNATURE: *X [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

407-862-5077

CR2E037 (10/02)