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

DOCUMENT # N0000004051



FILED
May 27, 2003 8:00 am §
Secretary of State

1. Entity Nam THE FLOY DATION, I	YD C. JOH	INSON AND FLO	SINGER J	IOHNSON FO	UN				05-27-2003	90162 0	20 ****61	.25
· '	ce of Business ROAD, BLDG R 34233		3900 CL	Address ARK ROAD. BLDG F TA FL 34233	R			I (Barris) SIII				
2. Principal F	Place of Busin	ess	3. Mailir	ng Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			``		CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number	65-0971968			Applied For Not Applicable
Zip		Country	Zip		Cou	intry	1	5. Certificate of			\$8.75 A Fee Requi	red
	6. Name	and Address of Curren	nt Registered	Agent=	ADAD. BLDG R 34233 Fress #, etc. Country Name Street Addre		-	7. Name and A	ddress of New	Registered	Agent ***	
	ER, KEITH A In St., Ste						dress (P	O. Box Number i	s Not Acceptab	le)		_ _
	TA FL 34236											
						City				F	L Zip Co	de
	e named entity tions of registe	submits this statement fered agent.	for the purpos	se of changing its i	registere	ed office or reg	egistere	d agent, or both,	in the State of F	lorida. I an	n familiar with	, and accept
SIGNATURE .	<u>.</u>	<u>. </u>										
SIGNATURE .	Signature typed	or printed name of registered anea	ot and title if sonlin	able (NOTE:	Pagistorn	d Agont signatura s	rom irod u	iban coinstation)		DATE		
SIGNATURE .	Signature, typed	or printed name of registered agen	nt and title if applic	able. (NOTE:	Registere	d Agent signature r	required v	when reinstating)		DATE		
		or printed name of registered agen	nt and title if applic	9. Election Cam Trust Fund Co	paign F	inancing		\$5.00 May Be Added to Fees		ake Che	ck Payable	
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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 suppliemental 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: