

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004260

FILED
Apr 23, 2003
Secretary of State

Entity Name: FLORIDA K OF C CHARITIES, INC.

Current Principal Place of Business:

1230 BUENA DRIVE
% DAVID K. TEBO
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1230 BUENA DRIVE
% DAVID K. TEBO
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-3659193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, EDWARD C
1 INDEPENDENT DR.,STE.2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TEBO, DAVID K
Address: 1230 BUENA DRIVE
City-St-Zip: LAKELAND, FL 33805

Title: VD () Delete
Name: MCGIVERN, JOHN A
Address: 6695 MILLAY DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: VD () Delete
Name: STODDARD, DENNIS J
Address: 5964 TERRY PARKER DR.,NORTH
City-St-Zip: JACKSONVILLE, FL 322112393

Title: SD () Delete
Name: NOGA, LEON J
Address: 6107 TARAWOOD DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: TD () Delete
Name: ZGURZYNSKI, STAN
Address: 8304 FOUNTAIN AVENUE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: FEDERICO, VINCENT D
Address: 7207 RHINEBECK DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON J. NOGA

SD

04/23/2003

Electronic Signature of Signing Officer or Director

_____ Date