

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90396 020 ****61.25

DOCUMENT # N00000005047

1. Entity Name
CONLEE MURAL COMMITTEE, INC.

Principal Place of Business
**7300 CRILL AVENUE #32
 PALATKA FL 32178**

Mailing Address
**PO BOX 1901
 PALATKA FL 32178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3678127

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNYDER, CLINT
 7300 CRILL AVENUE #32
 PALATKA FL 32178**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32177

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **CD SNYDER, CLINT**
 STREET ADDRESS **POST OFFICE BOX 1901 N/A**
 CITY-ST-ZIP **PALATKA FL 32178**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD SANDERS, GEORGE**
 STREET ADDRESS **417 MULHOLLAND PARK**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE Change Addition
 NAME **VCD Herb Carlton**
 STREET ADDRESS **414 S. 17th St**
 CITY-ST-ZIP **Palatka FL 32177**

TITLE Delete
 NAME **STD MENDOZA-JOHNSON, MARYLOU**
 STREET ADDRESS **223 DODGE STRET**
 CITY-ST-ZIP **PALATKA FL 32177-6001**

TITLE Change Addition
 NAME **STD Robert Beaton**
 STREET ADDRESS **139 Cable Rd**
 CITY-ST-ZIP **Palatka FL 32177**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clint Snyder 4/8/02

D-8

Daytime Phone #

386-328-6500

CR2E037 (9/01)