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

May 02, 2003 8:00 am Secretary of State DOCUMENT # N0000008407 1. Entity Name 05-02-2003 90724 041 ****61.25 GARM FOUNDATION, INC. Principal Place of Business Mailing Address 5811 PELICAN BAY BLVD 3401 GULFSHORE BLVD N SUITE 600 NAPLES FL 34103 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3686848 Not Applicable Ζip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOWLER WHITE BOGGS BANKER P.A. FOWLER, WHITE, MYERS, KRAUSE Street Address (P.O. Box Number is Not Acceptable) 5811 PELICAN BAY BOULEVARD 5811 PELICAN BAY BLVD SUITE 600 SUITE 600 NAPLES FL 34108 NAPLES 8. The above named e-rity 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. FOWLER WHITE BOGGS BANKER P.A. SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rei Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 V. Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTD ☐ Delete TITLE ☐ Addition TITLE MILLER, ROLAND L NAME NAME 3401 GULFSHORE BLVD. N. #601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE MILLER, ANN W NAME NAME 3401 GULFSHORE BLVD. N. #601 STREET ADDRESS STREET ADDRESS CITY-ST-7/P --NAPLES FL-34103 ---- ---CITY-ST-7IP ☐ Addition TITLE □ Defete ☐ Change MILLER-ST. JEAN, CHRISTINE NAME NAME **68 STUMPFIELD ROAD** STREET ADDRESS STREET ADDRESS **KENSINGTON NH 03827** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE 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 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

NAME

STREET ADDRESS CITY-ST-ZIP

EVELIBOUAND L. MILLER

NAME

STREET ADDRESS

CITY-ST-7IP

4-15-03 (239)261-2209

FILED