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

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| SIREET ADDRESS C/O 100 W. DEARBORN STREET ENGLEWOOD FL 34223 STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223 STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223 STREET ADDRESS CITY-ST-ZIP CIT | ENGLEWO | OOD GENEALOGICAL SOCIET | TY OF FLORIDA, INC | • | | | | | | |
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| S. Certification of Statist Disease Figs Required DIEZ, CHARLES JR. 737 S. INDAMA AVENUE 1.0 ak hand 1.1 list | City & Stat | 8 | City & State | | | 4. FEI Number | 65-1105544 | | | |
| DIEZ, CHARLES JR. 737 S. INDIANA AVENUE ENGLEWOOD FL 34223 S. The above parent synthy submits this statement for the purpose of changing its registered office or registered spent, or both, in the State of Fortida. I am familiar with, and accept the operations or by stated again, and accept the operation of both, in the State of Fortida. I am familiar with, and accept the operation of both and accept the ope | Zip | Country | Zip Cou | | untry | | | | | |
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| FILE NOW: FEE IS \$61.25 S. Election Campaign Financing Trust Fund Contribution. S. 5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | Dean Miles | ola ! | | | • • | 2/5/0 | 3 | | |
| Trust Fund Contribution. Added to Fees | SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. (NOT) | E: Registere | ed Agent signature re | quired when reinstating) | DAT | E E | | |
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| 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 | CITY-ST-ZIP | | | | 1 | | | | | |
| 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 | indicated | on this report or supplemental report is | true and accurate and that r | nv sianat | ture shali have | the same legal effect as | if made under oath: tha | it I am an officer | or director | |