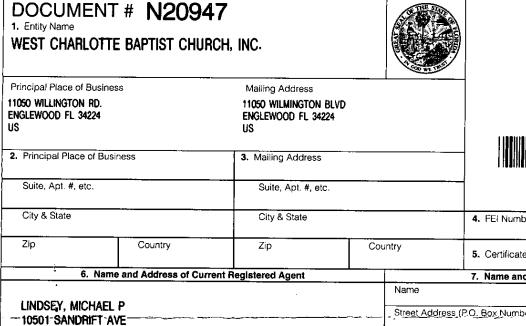
## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



## **FILED** Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90003 006 \*\*\*\*61.25

				[	-		1						
Principal Pla 11050 WILLIN ENGLEWOOD US		Mailing Address 11050 WILMINGTON BLVD ENGLEWOOD FL 34224 US 3. Mailing Address Suite, Apt. #, etc.					L <b>i a p</b> inkan bian kana dana i anki arah arah arah arah arah arah arah ara						
2. Principal	Place of Business					-							
Suite, Apr	1. #, etc.					- ;·	CHECK HERE IF MAKING CHANGES						
City & Sta	ate	City & St	City & State				4. FEI Number 59-2813682			Applied For Not Applicable			
Zip	Country	Zip		Country							\$8.75 Additional Fee Required		
<u>;</u>	6. Name and Address of Curren	t Registered Age	ent				7. Name and	Addres	s of New R				┥
•		<u>_</u>			Name					.og.o.o.o.	(goin	-	┪
LINDSEY	, MICHAEL P		•										╛
	ANDRIFT AVE		Street Ac			Address (F	ddress (P.O. Box Number is Not Acceptable)						
	/OOD FL 34224			f			****						+
LINGLEIN	1000 1 2 34224												
					City					FL	Zip Cod	de	7
9 The above	o parrod opting a shreits this state and	iou 4h.a	-h' "		.1 . 10			<del></del>					4
the obline	e named entity submits this statement ( ations of registered agent.	or the purpose of	changing its	registere	a office of	r registere	ed agent, or bot	h, in the	State of Flo	orida. I am f	amiliar with	, and accept	1
ine obliga	ations of registered agent;												
SIGNATURE													
	Signature, typed or printed name of registered ager	it and title if applicable.	(NOTE	: Registered	Agent signat	ture required t	when reinstating)			DATE			1
	FILE NOW: FEE IS \$61.25	9.	Election Cam Trust Fund Co				\$5.00 May B Added to Fees	e		ke Check da Depart			1
10.	OFFICERS AND D	IRECTORS		11.		A	DDITIONS/CH	ANGES	TO OFFICE	RS AND DIF	ECTORS IN	√ 10	┪
TITLE	TR		Delete	TITLE							☐ Change	Addition	15
NAME	FRANKLIN, CURTIS			NAME		ĺ					onango		\
STREET ADDRESS	ESS 2764 QUARRY ST		STRE		ADDRESS						12		
CITY-ST-ZIP	ENGLEWOOD FL 34224			CITY-S	ST-ZIP								E037 (10/02
TITLE	AC		Delete	TITLE									"
NAME	GARLING, KAREN	_	1 Detete	NAME							☐ Change	Addition	5
STREET ADDRESS	9164 PROPECT AVE				ADDRESS								1
CITY-ST-ZIP	ENGLEWOOD FL 34224			CITY-S									1
	T				/- ZII								4
TITLE	GARLING, MARION R	. L	Delete	TITLE							☐ Change	Addition	1
NAME				NAME			حريب.	<b>-</b>	er ana		-		
	9164 PROPECT AVE				'ADDRESS "								
CITY-ST-ZIP	ENGLEWOOD FL 34224			CITY-S									
TITLE			Delete	TITLE	11	HEN	INESSY,	JA	MIE		☐ Change	🗷 Addition	1
NAME	ANDERSON, MARY	•		NAME			2 STAR			1/15			-
STREET ADDRESS	221 FRAY 81			STREET	ADDRESS								
CITY-ST-ZIP	ENGLEWOOD FL 34223			CITY-S		ENG	LEWOOL	1 1	342	24			
TITLE	S	<u>5</u> 2	Delete	TITLE		S. er	CHICKER SO BACC	<u>//)</u>	NNCE		☐ Change	X Addition	1
NAME	RASH, CATHERINE			NAME	İ	120	CO RACC	Huc	ROAD			<b>/</b>	
STREET ADDRESS	10433 ST PAUL DR			STREET	ADDRESS								
CITY-ST-ZIP	PORT CHARLOTTE FL 33981			CITY-S	T-ZIP	PT.C	HARLOTT	EIFL	339	81			1
TITLE	T		Delete	TITLE				<u></u>			☐ Change	☐ Addista	1
NAME	MYERS, KEN		, Polorè	NAME	i						снапуе	☐ Addition	
STREET ADDRESS	3002 BOURBON ST				ADDRESS								
CITY-ST-ZIP	ENGLEWOOD FL 34224			CITY-S	ı								
10	<u> </u>												
<ol><li>i nereby o</li></ol>	certify that the information supplied with	n this filing does n	ot qualify for t	he exemi	otion state	ed in Sect	tion 119.07(3)(i	. Florida	Statutes L	further certi	fy that the in	formation	i

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: