

**2001 UNIFORM BUSINESS REPORT (UBR)**

08-01-2001 90009 029 \*\*\*\*35.00  
N9800000731

DOCUMENT # N9800000731 AMENDED

1. Entity Name  
WAKE UP AMERICA OF LAKE FAIRWAYS, INC.  
Florida Non-Profit

Principal Place of Business Mailing Address

2. Principal Place of Business  
c/o Fred R. Wilkin  
Suite, Apt. #, etc.  
19117 Innis Brook Court  
City & State  
N. Fort Myers, FL  
Zip 33903 Country Lee

3. Mailing Address  
c/o Fred R. Wilkin  
Suite, Apt. #, etc.  
19117 Innis Brook Court-  
City & State  
N. Fort Myers, FL  
Zip 33903 Country Lee

4. FEI Number  
65-0811718 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Gerald F. Koenig  
7019 New Post Drive  
N. Fort Myers, FL 33917

7. Name and Address of New Registered Agent  
Name  
Fred R. Wilkin  
Street Address (P.O. Box Number is Not Acceptable)  
19117 Innis Brook Court  
City N. Fort Myers FL Zip Code 33903

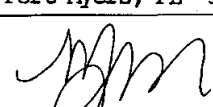
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Fred R. Wilkin Fred R. Wilkin 7-21-01  
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 NAME STREET ADDRESS CITY-ST-ZIP	Gerald F. Koenig PD 7019 New Post Drive N. Fort Myers, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Norman Poitras 19232 Cedar Crest Ct. N. Fort Myers, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Betty Smith VD 3175 Shell Lane LaBelle, FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Fred R. Wilkin 19117 Innis Brook Court N. Fort Myers, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Hessler SD 1788 Fowler St. Fort Myers, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Leonard Tompkins 19236 Cedar Crest Ct. N. Fort Myers, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry Fox TD 2528 N.E. 1st Ave. Cape Coral, FL 33909 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dutch Hess 19208 Green Valley Court N. Fort Myers, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Sapp D 3275 South St. Fort Myers, FL 33916 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD George J. Simpkins 19168 Inidan Wells Court N. Fort Myers, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Quake D 8390 Riveria Ave. Fort Myers, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: (FRW) Fred R. Wilkin Fred R. Wilkin, Vice President July 21<sup>st</sup> 2001. Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
01 AUG 20 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
700004563447-7  
-08/30/01--01002--022  
\*\*\*\*\*26.25 \*\*\*\*\*26.25  
DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)