2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # N98000001259 1. Entity Name FRIENDS FOR EXTENSION FOUNDATION. INC. 04-26-2001 90135 003 ****61.25 Principal Place of Business Mailing Address 18501 MURDOCK CIRCLE #101 P.O. BOX 512563 PORT CHARLOTTE FL 33948 PUNTA GORDA FL 33951 2. Principal Place of Business 3. Mailing Address PO BOX 512563 6900 FLORIDA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Pいん7 4. FEI Number Applied For FL 65-0826017 GORDA UNTA UNTA JORD A Not Applicable Country USA Zip \$8.75 Additional 33950 5. Certificate of Status Desired 3395 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD D. BLACKBURN Street Address (P.O. Box Number is Not Acceptable) OLMSTED, DAVID E 18501 MURDOCK CIRCLE #101 PORT CHARLOTTE FL 33948 955 GORDA 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DVP TITLE ☐ Delete TITLE Addition NAME HARE, WILLIAM NAME STREET ADDRESS 1089 WATERSIDE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33952 TITLE ☐ Delete TITLE ☐ Change Addition NAME BLACKBURN, RICHARD D NAME STREET ADDRESS 17187 SPICE LANE STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33955 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change Addition NAME HORN, JIM NAME STREET ADDRESS 770 TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33953 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HUNTER, JUDY NAME STREET ADDRESS 17298 POSTON AVE STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE FL 33948 CITY-ST-ZIP TJT1 F ☐ Delete ☐ Change ■ Addition OLMSTEAD, DAVID E NAME NAME STREET ADDRESS 18501 MURDOCK CIRCLE, #101 STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE FL 33948 CITY-ST-ZIP TITLE Delete Addition ☐ Change LEIDICH, JIM NAME STREET ADDRESS 21328 DEARBORN AVENUE STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE FL 33954 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.

T KICHARD D.BLACKBURN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR