FILE NOW: FILING FEE IS \$61.25					
	ONPROFIT	FLORIDA DEPART	MENT OF STATE	7 "	Alstra
	RPORATION JAL REPORT	Katherine		·	ANGYEU
	1999	Secretary DIVISION OF CO	, ,		HUU_0
				99	AUG 3 , PH 2: 54
DOCUMENT # N9800004245					106 31 PM 2:51
United EARTH Foundation Inc.				SSC	HEDAN OF
				1.6	ARTASSEE, FLORIDA
Principal Place of Business SWASSTA FL Mailing Address					MONIDA
2284 Roselawn Cie 7					
	OTA, FL 34231				
L '	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21 2284 Suite, Apt.	Roselawo CIP	26 2274 Rada Suite, Apt. #, etc.	WW CIR	7-20-98	
22 Solle, Apr.	r, etc	27		65-0935369	Applied For Not Applicable
City & Stat		City & State	 5L	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 S000	SCTA PL Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24 3423			10 USA	Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Timothy L. Hazlett 82 Street Address (P.O. Box Number is Not Accept					
2284 Roselawy Cie				gy Roselawa Cir	
Scarceto FI 3U21					1001 200
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE					
12.	Signature, typed or printed agent a OFFICERS AND		egistered Agent signature	equired when reinstating) Di ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	vesident.	☐ DELETE	1.1 TITLE	BOARD Member	RS AND DIRECTORS IN 12 Change Addition
NAME	Eleen Smith D	. T	12 NAME	Jane Dry 128 Granda Dr,	337
STREET ADORESS CITY-ST-ZIP	2072 N. Mayersity D. Pembroke Hines FC	33024	1.3 STREET ADDRESS 1.4 City+ST-ZIP	Boxa Raton FL 334	32 Change Cladding
TITLE	vice President	☐ DELETE	2.1 TITLE	Botho member	
NAME STREET ADDRESS	LISA M. Townsend	-	2.2 NAME 2.3 STREET ADDRESS	Alfredo Espendoz JR 2072. W. 54th ST.	′
CITY-ST-ZIP	SARASOTA FL 3	4237	2.4 CITY-ST-ZIP	Higheah, FC 33011	ρ
TITL€	Secretary Trewwer	- AGUNT DELETE	3.1 TITLE	,	Change Addition
NAME STREET ADDRESS	Timothy L. HAZLE		3.2 NAME 3.3 STREET ADDRESS	-09/03/9 -09/03/9	788167 3901091030
CITY-ST-ZIP	SAFASOTA FL 342	31	3.4. CITY-ST-ZIP	*****61	.25 *****61.25
TITLE NAME	Board Member John R. Canfield	☐ DELETE	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	ZZZY ROSELAWN CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP		231 □ DELETE	4.4 CITY-ST-ZIP		Change Cladding
TITLE NAME	James Townsend	□ pereie	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	2123 9th ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 347	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE NAME	Dr. Stanky Harris	C occept	62 NAME		Clouds Clyster
STREET ADDRESS	11700 SW 2nd ST	20.4-	6.3 STREET ADDRESS		ĺ
14. I hereby o	certify that the information supplied with	<u> ろろひみち</u> this filing does not qualify for th	6.4 CITY-ST-ZIP ne exemption states	in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the information
indicated on this annual report or supplemental annual 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 13 if changed, or on an attachment with an addreps, with pill other like empowered.					
SIGNATURE: 7/10/4 5 (West To To Signature and types on Pulisted Name of Prices on Difference Date Date Date Date Date Date Date Dat					