2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90296 044 ****70.00

DOCUMENT # N98000004245

1. Entity Name
UNITED EARTH FOUNDATION, INC.

Principal Place of Business	Mailing Address
6597 RUFF ST NORTH PORT, FL 34286	6597 RUFF ST NORTH PORT, FL 34286

01052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1603 Long Pond Dr.	1603 Long Pond Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valrico, Fl.	City & State: Valrico, Fl
Zip: 33594 Country:	Zip: 33594 Country:

4. FEI Number 65-0935369 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAZLETT, TIMOTHY L
6597 RUFF ST
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name: Amy Edwards
Street Address (P.O. Box Number is Not Acceptable): 1603 Long Pond Dr.
City: Valrico **FL** Zip Code: 33594

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Amy Edwards ST 4-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, EILEEN 2431 BAHAMA DR MIRAMAR, FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TOWNSEND, MAEGAN 2123 9TH ST. SARASOTA, FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HAZLETT, TIMOTHY L 6597 RUFF ST NORTH PORT, FL 34286	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Amy Edwards 1603 Long Pond Dr. Valrico, Fl 33594	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM DAY, JANE 728 GRANDA DR BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM CANFIELD, J. ROSS 6597 RUFF ST NORTH PORT, FL 34286	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM Willa Haynes 259 47th St W. Bradenton, Fl 34209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM ESPENDEZ, ALFREDO JR 2072 W 54 ST HIALEAH, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Amy Edwards Amy Edwards 4-7-04 813-689-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #