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

SIGNATURE:

SIGNALORE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR

FILED May 21, 2002 8:00 am Secretary of State

Dayimo Phone #

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1. Entity Name VIVER WELFARE F	AND EDUCT	IONAL	Λ					
EQUAL OFFICE		(01411-						
FOUNDATION, INC								
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DO NOT WRITE	IN THIS SP	ACE						
2. Principal Place of Business	3. Mailing Address		<u></u>					
5200 Vineland Rd.	5200 Vinelan	nd Roo	d					
Suite, Apt. #, etc. Suite, Apt. #, etc.				£	O NOT WRITE	IN THIS SP	ACE	
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8. The above named entity submits this statement for	or the environment of above in a barrier	1. · · · ·						
or the doore named chity submits this statement is	in the purpose of changing its je	dizrei ea ouice o	r registered ager	it, or both, in th	e state of Floric	ia.		
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