APPROVED AND FILED

03 JUL -8 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000515

1. Entity Name
EDUCATIONAL FOUNDATION FOR THE ADVANCEMENT OF CHILD WELFARE, INC.

500022080775
08/06/03--01002--005 **61.25

Principal Place of Business	Mailing Address
313 NORTH MONROE STREET #2 TALLAHASSEE, FL 32301 US	313 NORTH MONROE STREET #2 TALLAHASSEE, FL 32301 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
864 EAST PARK AVE	864 E PARK AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE	City & State: TALLAHASSEE
Zip: 32301 Country: USA	Zip: 32301 Country: USA

4. FEI Number: 59-3619798 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, SUSAN A 2722 WATERFORD GLEN COURT TALLAHASSEE, FL 32312	Name: MICHAEL CUSICK Street Address (P.O. Box Number is Not Acceptable) 864 EAST PARK AVE. City: TALLAHASSEE FL Zip Code: 32301

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 _____ DATE 7/8/03

(NOTE: Registered Agent's signature required when changing)

FILE NOW: FEE IS $61.25

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	PD YOUNG, GEORGE ~~1646 LAKEVIEW ROAD~~ CLEARWATER, FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2629 ~~[illegible]~~ MITCHAM TALLAHASSEE FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARMICHEL, ALEX 61 MAIN STREET ENTERPRISE, FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BUXBAUM, PAUL 45 WESTWOOD TERRACE N. ST. PETERSBURG, FL 32710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KATZ, SHELLEY 605 NE 1ST STE H GAINESVILLE, FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ 7/8/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #