2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 12, 2002 8:00 am Secretary of State **DOCUMENT # 702175** ARTHRITIS FOUNDATION, FLORIDA CHAPTER, INC. 05-12-2002 90656 003 ****61.25 Principal Place of Business Mailing Address x**XXXXXX**XXX 808 XBANYAN BINA STEVACI 400 Hibiscus St. Suite 200 XXPAMAK BEAGUK FLX38401 WPB, FL 33401 2. Principal Place of Business 3. Mailing Address <u>400 Hibiscus Street</u> <u>400 Hibiscus Street</u> Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 200 Suite 200 DO NOT WRITE IN THIS SPACE City & State | Mest Palm Beach Giy & State alm Beach 4. FEI Number Applied For 59-0816892 Not Applicable Country Palm Beach 33401 ^{Zip} 33401 Palm Beach \$8.75 Additional 5. Certificate of Status Desired Fee Required -- 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1 -CORRADOXPETER Betty Constantine Street Address (P.O. Box Number is Not Acceptable) X303 BANYAN BLADX 400 Hibiscus Street X XXXXXXXX X Suite 200 XX PADAX BEACHX RIX 3348 X West Palm Beach, FL 33401 City Zip Code 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. SIGNATURE Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE VD. ☐ Delete TITLE SD Addition NAME Change ULLMANN, RHONWYN NAME Jack Mathis, Jr. STREET ADDRESS **4073 PARK AVENUE** STREET ADDRESS CITY-ST-ZIP 7676 Steeple Chase Drive MIAMI FL 33133 CITY-ST-ZIP Palm Beach Gardens, FL 33418 TITLE XIX VD ☐ Delete TITLE ROGERS, CHARLES A TD Addition NAME NAME STREET ADDRESS Paul Luther 650 CELEBRATION AVE STREET ADDRESS CITY-ST-ZIP 160 Vintage Isle Lane CELEBRATION FL: 34747 CITY-ST-7/P Palm Beach Gardens, FL 33418 TITLE ☐ Delete TITLE X Addition WHELTON, JOHN M NAME STREET ADDRESS 2617 N FLAGLER DRIVE, #201 Betty Constantine STREET ADDRESS CITY-ST-ZIP WEST PALM BCH FL 33407 400 Hibiscus Street, Suite 200 CITY-ST-ZIP TITLE West Palm Beach, FL 33401 Delete TITLE Change Addition anello, Joseph P NAME STREET ADDRESS 3719 FOREST CIRCLE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP SVD PD Delete TITLE NORMAN, EVELYN O ☐ Change ☐ Addition NAME STREET ADDRESS 1258 TAMARA DR STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-ZIP MDSC TITLE **₹** Delete TITLE ☐ Change NAME CHRISTIAN, CHARLES ☐ Addition STREET ADDRESS 653-1 WEST 8TH STREET STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32209-6511 CITY-ST-ZIP 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

SIGNATURE: