FILED 2003 NOT-FOR-PROFIT CORPORATION May 01, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # 706819 05-01-2003 90966 020 ****61.25 FLORIDA INSTITUTE OF PARK PERSONNEL, INC. Principal Place of Business Mailing Address PO BOX 1788 PO BOX 1788 SANFORD FL 32772-1788 SANFORD FL 32772-1788 Principal Place of Business 3. Mailing Address POBOX 21207 9080x 212077 Suite, Apt. #, etc Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-6194362 Applied For City & State val Polm Reach Not Applicable Country \$8.75 Additional Fee Required ()S A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHILLIPS, JANICE L Street Address (P.O. Box Number is Not Acceptable) 36850 OVERSEAS HWY BIG PINE KEY FL 33043 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS Addition Delete ☐ Change TITLE JEFFRIES, HOWARD James Singleton NAME NAME 225 Newbury port Ave STREET ADDRESS P.O. BOX 1788 STREET ADDRESS Altamonte Springs FL 32701 CITY-ST-ZIP SANFORD FL 32772-1788 CITY-ST-ZIP Addition Delete Randy Phillips TITLE TITLE PHILLIPS, JANICE NAME NAME aud se monterey rol STREET ADDRESS 36850 OVERSEAS HIGHWAY STREET ADDRESS Stuant, FL 34997 CITY-ST-ZIP **BIG PINE KEY FL 33043** CITY-ST-7IP Addition Delete TITLE TITLE Change Change LACOSTA, GEORGE Jessica Mall NAME NAME 10015 74th Ave N 3099 MEDINA CIRCLE STREET ADDRESS STREET ADDRESS Seminole, FL 3377) CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL Z Audition ☐ Change TITLE ☐ Delete TITLE Howard Jeffries NAME NAME P.O. BOX 1788 STREET ADDRESS STREET ADDRESS Sanford, FL 32772 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE REQUIRED SIGNATURE:

TITLE

NAME

STREET ADDRESS

<u>4-20-03 727549-6156</u>

☐ Addition