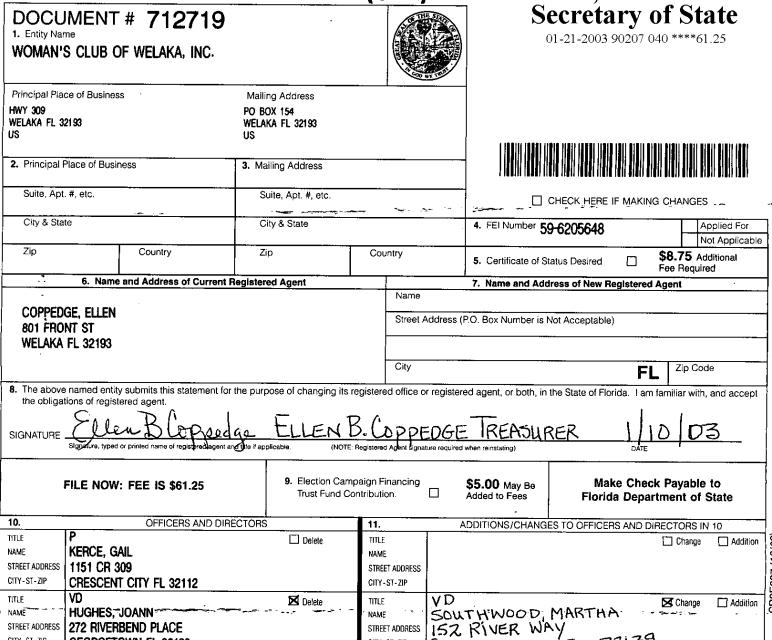
FILED

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

## **DOCUMENT # 712719**



32139 CITY-ST-ZIP **GEORGETOWN FL 32193** CITY-ST-ZIP GEORGTOWN VD Delete TITLE TITLE Change ☐ Addition BOBER PATSY 199 SPORTSMAN DRIVE GROVE, JUNE NAME NAME STREET ADDRESS 228 ALABAMA ST STREET ADDRESS CITY-ST-ZIP CRESCENT CITY FL 32112 CITY-ST-ZIP 32193 WELAKA TITLE Delete TITLE Change ☐ Addition WELSH, JUNE NAME NAME RYPMA STREET ADDRESS 1615 HOCKEY DR STREET ADDRESS 02 FRONT CITY-ST-ZIP WELAKA FL 32193 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME REID, MARTHA NAME STREET ADDRESS 139 PARIDISE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELAKA FL 32193 TITLE ☐ Delete TITLE ☐ Change ☐ Addition COPPEDGE, ELLEN NAME NAME STREET ADDRESS 801 FRONT ST STREET ADDRESS

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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes. changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

WELAKA FL 32193

CITY-ST-ZIP