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

DOCUMENT # 713652

1. Entity Name



Apr 18, 2003 8:00 am Secretary of State
04-18-2003 90133 020 ****70.00

FILED

| | A COUNTY MEMORIAL POST BN WARS OF THE UNITED S | | | | | | | | |
|--|--|---|-------------------------------|--------------|---------------------------------------|-------------------------------------|-----------------------------|---------------|--|
| Principal Place of Business 460 COASTAL HWY PANACEA FL 32346 | | Mailing Address P.O. BOX 632 PANACEA FL 32346 | | | | | | | |
| , | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | . City & State | | | INOI AFFEIGABLE | | oplied For ot Applicable | | |
| Zip | Country | Zip | Country | | 5. Certificate of Statu | s Desired 🔲 | \$8.75 Add | ditional | |
| | 6. Name and Address of Current | Registered Agent | _ | | 7. Name and Addres | s of New Registere | <u>-</u> | <u> </u> | |
| | · | riegistered Agent | Name | | 71 Hambarla Abores | or more magnetical | a Agont | | |
| | son, John W Winkel RD | | Street Address | | | (P.O. Box Number is Not Acceptable) | | | |
| CRAWFO | ORDVILLE FL 32327 | | | | | | | | |
| | | | City | | | F | L Zip Cod | e | |
| | e named entity submits this statement fo | r the purpose of changing its reg | gistered office or | registere | ed agent, or both, in the | State of Florida. I a | m familiar with, | and accept | |
| the obliga | ations of registered egent. | 1 | | | | | | | |
| SIGNATURE | Signatule, typed or printed name of registered agent | and title if applicable (NOTE-Be | egistered Agent signatu | ro roquired | , , , , , , , , , , , , , , , , , , , | DATE | <u>-</u> | _ | |
| | | and the mappingation. (NOTE: No | | JIG TOQUITEG | when templating) | | · | | |
| R | FIVE NOW: FEE IS \$61.25 | 9. Election Campa Trust Fund Con | | | \$5.00 May Be Added to Fees | Make Che Florida Depa | ck Payable artment of S | | |
| 10. | OFFICERS AND DI | RECTORS | 11. | | DDITIONS/CHANGES | TO OFFICERS AND | DIRECTORS IN | 10 | |
| TITLE | C IAMES | ☐ Delete | TITLE | Con | mander | | Change | Addition | |
| NAME STREET ADDRESS | TAYLOR, JAMES 70 ST. JAMES ST. | | NAME STREET ADDRESS | rea 2111 | K. Norman Frank Jon | es Rd | | | |
| CITY-ST-ZIP | PANACEA FL 32346 | | CITY-ST-ZIP | CrA | wfordville, | F/ 32327 | | | |
| TITLE | T | ☐ Delete | TITLE | | ustee | 10000 | Change | Addition | |
| NAME | COMPTON, MICHAEL R | | NAME | TA | Mari JAme | \$ | | | |
| STREET ADDRESS CITY-ST-ZIP | 40 LAMAR CT | | STREET ADDRESS | -70 | St JAMES S Nacea, FI | <i>†</i> | | | |
| | CRAWFORDVILLE FL 32327 | | | - pa | Nacla, 41 | 32346 | | | |
| TITLE NAME | PEAK, NORMAN | ☐ Delete | TITLE NAME | 71 | aley, NAT | Q | 2 Change | Addition | |
| STREET ADDRESS | 314 FRANK JONES RD | | STREET ADDRESS | U | Purify \$ B | ar Rd | | | |
| CITY-ST-ZIP | CRAWFORVILLE FL 32327 | | CITY-ST-ZIP | 100 | awfordvilly | FI 32327 | | | |
| TITLE | JVC | ☐ Delete | TITLE | lvr | • | | Change | ☐ Addition | |
| NAME | PAUPP, DANIEL F | | NAME | Rei | mmer, Edwa | ard E | • | | |
| STREET ADDRESS | 70 TOM WHITE LANE | | STREET ADDRESS | P.01 | Box 787 | | | | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | | CITY-ST-ZIP | | wfordville, Fi | 32317 | | | |
| TITLE | T CARTIFOR TOWN | ☐ Delete | TITLE | 7 | istee | | Change | ☐ Addition | |
| NAME | CARTLIDGE, TONY | | NAME | Gibl | os, Grady L | Jr | | | |
| STREET ADDRESS CITY-ST-ZIP | 21 SHORELINE DR | | STREET ADDRESS CITY-ST-ZIP | | Levy BAY Rd | 2024 | | | |
| | PANACEA FL 32346 | | | | JACES FI | 12346 | | | |
| titlé Name | WHALEY, NAT R | ☐ Delete | TITLE NAME | | ior Vice | a) | ⊥ Change | ☐ Addition | |
| STREET ADDRESS | | | l . | jul | y, Charles v | ~ | | | |
| ATTREE VOLUESA | IJUU PURIET DAT RIJ | | STREET ADDRESS | 10 n | 9x 752 | | | | |
| CITY-ST-ZIP | 100 PURIFY BAY RD. CRAWFORDVILLE FL 32327 | | STREET ADDRESS CITY-ST-ZIP | Pol | Box 752 where willer Fi | 31310 | | | |

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: