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

FILED Mar 31, 2003 8:00 am Secretary of State

				k	Joon Clair	visuu	
1. Entity Nan	MENT# 720265 foriah Christian (03-31-2003 90221 047 ****70.00			
a sala cara	DO NOT WRITE	and the second s	PACE			•	
2. Principal Place of Business 4335 Clark Road 3. Mailing Address P.O. Box		3. Mailing Address P.O.Box 5	1662				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Sarasota, Florida		City & State Sarasota, Florida		4. FEI Number	A***.	Applied For	
34233	Country USA	Zip 34232	Country USA	5. Certificate of S		X Not Applicable \$8.75 Additional	
34233	OSA	34232	038	7. Name and Add	ress of Current Registered	Fee Required Agent	
DO NOI WRIE Street A				rber, Thomas ass (P.O. Box Number is Not Acceptable) 51 Bernadette Lane			
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the obligate	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent as FEE IS \$61.25	nd title if applicable. (NOTE:	Registered Agent signature re paign Financing		OATE	will be within the spirit	
	The state of the s	को १५ का हो १ काल		Added to 1 des	Figure Depair	inent of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Abner, Willie 3002 Bunche Stre Sarasota, Florid	et	ITILE NAME, STREET ADDRESS CHY-ST-ZIP			378 (12/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tunstall, Michae 10622 Egret Have Riverview, Elori	n Lane	NAME STREET ADDRESS CITY-ST-ZIP	-		CR2E037B	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D Cannon, Charles 1606 18th Avenue Bradenton, Flori		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO	NOT WRIT	re.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tunstall, Wesley 4335 Clark Road Sarasota, Florida 34233		TIFLE NAME STREET ADDRESS CHY-ST-ZIP	IN '	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 1 51 04004		TITLE NAME STREET ADDRESS CITY-SI-ZIP	a service serv	S	2 29 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S King, Bernadine 126 Mickens Drive Trilby, Florida		TITLE NAME STREET ADDRESS CITY-ST-ZIP	e de p		9 4 9 9 9 9	

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

SIGNATURE:

Thomas Barber

3/28/03

941-363-0900

Date

Daytime Phone #