2003 NOT-FOR-PROFIT CORPORATION

FILED Mar 07, 2003 8:00 am

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1. Entity Na	JMENT # 720745	પ્લંકૃ.						_	****61.2
	OTHERS/BIG SISTERS OF CH	ARLOTTE COUNTY, IN							
C.	, , , , , , , , , , , , , , , , , , ,	/ #139776	1/3						
Principal Pla	ace of Business	Mailing Address			-				~
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Uni Vieni	LOTTE PL 33002	PORT CHARLOTTE FL 33952	2				ATTL GERAL ALBERT	aran aran ah	aul Stait (86)
2. Principal	Place of Business	3. Mailing Address							
Same Suite, Ap	as above	Same as above							
Suite, Ap	il. #, etc.	Suite, Apt. #, etc.				CHECK HERE I	F MAKING C	CHANGES	
City & Sta	ate	City & State	<u>-</u>		4. FEI Number 5	0-1408072			oplied For
Zip	Country	Zip T	Country		-				ot Applicable
ΔIP	Couriny	ZIP	Country	!	5. Certificate of Si	atus Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			- 7 Name and Add	ress of New Re			
- warn		ا حيث ه ر ت <u>ندي بيستين د تحديد ريست</u>	Nan	me Stepl	hanie Zola				
	SON, MICHAEL ELWOOD		Stre	eet Address (F	P.O. Box Number is f	lot Acceptable)		·	
	CHARLOTTE FL 33953				oveland Blv	a #904			
* ***			City)ACTOTO ~	Q. #JU-		Tin Code	
				Port (Charlotte		FL	Zip Code 33980	n .
the obliga	e named entity submits this statement fo ations of registered agent.		agliator our	CB OF IDDISACE.	20 Byen, O. Dou,	Me State on Francis	Qa. ı сянты.	Allai wiu i, i	and accept
<u> </u>	Signature, types or printed name of registered agent	and tire if sylplicable. (NOTE: F	Commence of the contract of	SAUVERTILE LEGINIES	when reinstating)		DATE		
	FILE NOW: FEE IS \$61.25	9. Election Camp	paign Financir	ing _	\$5.00 May Be	Mak	e Check F	Payable 1	to
	FILE NOW: FEE IS \$61.25		paign Financir	ing		Make Florida		Payable in	to State
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I nereby 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 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.

GNATURE: