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

FILED May 16, 2003 8:00 am Secretary of State

| 1. Entity Nar | JMENT # 739619 | | | | | | |
|---|---|--|---|--|--|--|---|
| Principal Place of Business 404 E HWY 90 P 0 BOX 6 BONIFAY FL 32425 2. Principal Place of Business Suite, Apt. #, etc. City & State | | Mailing Address 404 E HWY 90 P O BOX 6 BONIFAY FL 32425 3. Mailing Address Suite, Apt. #, etc. City & State | | 114064 | AND CHILD COATH DICTO ACTIVE TRACE | ANDIN ATAN BEBIR BEBIR STO | II 1 1411 1 15 1 |
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| Zip | Country | Zip | Country | 5. Certificate | of Status Desired [| \$8.75 Add | litional |
| 6. Name and Address of Current Registered Agent | | | <u> </u> | 7. Name and Address of New Registered Agent | | | III 80 |
| | | | Name | | | | |
| YUNUS, | | | Street | Address (P.O. Box Numbe | is Not Acceptable) | s- ·- | |
| | Y FL 32425 | | | | • | | |
| <i>)</i> | | | City | | | FL Zip Code | • |
| B. The above | e named entity submits this statement f | or the purpose of changing its | renistered office of | or registered egent, or both | in the State of Florida | | and accept |
| CICALATURE | 1 (Chaum | ling Mass | amman) | YUNUS | | 4-25-0 | 7 |
| SIGNATURE | Signature, typed or printed name of registered agent | t end tide if applicable. (NOT | E Registered Agent signs mpalgn Financing Contribution. | ST.00 May Be Added to Fees | , Make (| V - 25 - 0 OATE Check Payable to Department of S | to |
| | Signature, typed or printed name of redictored again | 9. Election Cal Trust Fund C | E: Registered Agent signs mpaign Financing Contribution. | \$5.00 May B. Added to Fees | , Make (Florida D | Check Payable Department of S | to State |
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