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

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90203 006 ****61.25

DOCUMENT # 740645

1. Entity Name
SINGLES ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
11132 SE 128TH PLACE RD OCKLAWAHA, FL 32179 US	11132 SE 128TH PLACE RD OCKLAWAHA, FL 32179 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	7660 Club Duclay Drive Suite, Apt. #, etc.
City & State	City & State: Jacksonville FL
Zip / Country	Zip: 32244 / Country: Duval

4. FEI Number: 59-1790163 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, PATRICIA
1132 SE 128TH PLACE RD
OCKLAWAHA, FL 32179

7. Name and Address of New Registered Agent

Name: JAckson Charlet
Street Address (P.O. Box Number is Not Acceptable): 7660 Club Duclay Drive
City: Jacksonville FL Zip Code: 32244

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Charlet Jackson — Charlet Jackson — 4-10-03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TONN, LARRY 14480 N HWY 441 CITRA, FL 32113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLLINS, ROBERT RR 21 BOX 72 LAKE CITY, FL 32024	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lammers, Fred 309 N Marion Ave Lake City, FL 32055	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TENNANT, ANN 17679 NE 246TH PLACE FORT MC COY, FL 32134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD House, Elizabeth 1520 NE 12 Street Gainesville, FL 32601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WALKER, PATRICIA 11132 SE 128TH PLACE RD OCKLAWAHA, FL 32179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Jackson, Charlet 7660 Club Duclay Drive Jacksonville FL 32244	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Charlet Jackson — Charlet Jackson — 4-10-03 — 904-768-3480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #