2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Secretary of State DOCUMENT #743423 02-09-2004 90017 028 ****70.00 THE NATIONS ASSOCIATION CHARITIES, INC. Principal Place of Business Mailing Address 4625 PALM BEACH BLVD. P 0 B0X 1060 44007923 FT MYERS, FL 33902 FT. MYERS, FL 33905 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 59-1840066 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 4 m SUAREZ, ISRAEL 1745 EMERALD COVE CIR Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL, FL 33991 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VC TITLE XIX Delete TIEL F Wilson Wheeler ☐ Change XX Addition ANDREW, STEALE NAME NAME P.O. Box 60139 STREET ADDRESS 4135 DR MLK BLVD JR STREET ADDRESS Fort Myers, Fl. 33906 CITY-ST-ZIP FORT MYERS, FL 33916 CITY-ST-ZIP TITLE XIX Delete ☐ Change ☐ Addition DILMAN, THOMAS NAME 12751 NEW BRITTANY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-ZIP TITI F Delete TITLE ☐ Change ■ Addition NAME SHEPARD, LUCY NAME STREET ADDRESS 13881 RIVER FOREST DR STREET ADDRESS CITY-ST-ZIP. FT MYERS, FL-. CITY-ST-7IP TITLE Delete TITI F Peter Ferragi BENYAK, DR W NAME NAME 4199 Palm Beach Blvd. STREET ADDRESS 6979 WINKLER RD #327 STREET ADDRESS Fort Myers, Fl. 33916 CITY-ST-ZIP FT MYERS, FL 33919 CITY-ST-ZIP ☐ Delete TITLE K K Change ☐ Addition SUAREZ, ISRAEL NAME NAME PO BOX 50495 STREET ADDRESS STREET ADDRESS CITY-ST-7/P FORT MYERS, FL 33994 CITY-ST-ZIP Theodore D. Steele Change TITLE ☐ Delete ☐ Addition STEALE, THEODRE D NAME NAME 2150 Rockfill Road STREET ADORESS 2150 ROCK HILL ROAD STREET ADDRESS Fort Myers, Fl. 33916 CITY-ST-ZIP FORT MYERS, FL 33918 CITY-ST-ZIP 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 truetes empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Feb 09, 2004 8:00 am