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

May 30, 2003 8:00 am Secretary of State

DOCUMENT # 746145 1. Entity Name FLORIDA STATE REENACTMENT SOCIETY, O5-30-2003 90083 042 ****70.00						
DO NOT WRITE IN THIS SPACE				90138008		
2. Principal Place of Business 2.768 TRAM AUTO STREET 2.768 TRAM AUTO Street Suite, Apt. #, etc. 3. Mailing Address 2.768 TRAMA Suite, Apt. #, etc.			NTO STREET	DO NOT WRITE IN THIS SPACE		
City & State DELTONA, FL		City & State DELTONA, FL		4. FEI Number Applied For Sq19 3 9 5 8 0 Not Applicable		
Zip 327	Country	32738	Country USA	5. Certificate of Status D	_ \$9.75	Additional
<u> 341</u>	38 USA	36138		7. Name and Address of	Current Registered Agent	uned
			NHART, CAR	SHART, CAROL		
				PO. Box Number is Not Acceptable) 8 TRAMANTO STREET		
	IN THIS SF	PACE		- 100 KRIMEDIO SIECEI		
			City D-	ELTONA FL Zig Code 32738		
8. The above	named entity submits this statement for	r the purpose of changing its re			ith, and accept	
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 DATE						
FEE IS \$61.25 Initial or Amended UBR 9. Election Campaign Financ Trust Fund Contribution.				\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIF	RECTORS			4.1	
SHOGREN, ANDY STREET ADDRESS CITY-ST-ZIP CASSEL BERRY, FL 32766		TITLE NAME STREET ADDRESS CITY-ST-ZIP			CR2F0378 (12/0	
NAME STREET ADDRESS CITY-ST-ZIP	WEINHART, VERI 2768 TRAMANTO DELIDNA, FL 3	NON STREET	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	KOCHA, DEBRA 5248 CHAKANO ORLANDO, FL 3	rosa ciècle	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NO	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, EDWALD TADDRESS 1247 ALCAZAR STREET		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	SZ48 CHAKANO SZ48 CHAKANO	PHER TOSA CIRCLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SHERMAN-MILLER 1215 MARKE AUE APOPKA, FL 327	L RENEE NUE	TATLE NAME STREET ADDRESS CITY-SI-ZIP	·	6 E 1	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayume Phone 1