	FILE NOW: FILI	NG FEE IS \$61	.25		
		FLORIDA DEPARTI			
	JAL REPORT	Sandra B. Secretary	•		
	1996	DIVISION OF CO	•		
	MENT # 836893	3 (8)			
	CAN BAPTIST FOREIGN MI	ssion society, "Inco	R		
Principal Place	e of Business	Mailing Address			F NARE FINISTI DI ULI UNIONI DI UNIONI DI UNIONI DI UNIONI
RTE 363 & F P O BOX 851 VALLEY FOR		RTE 363 & FIRST AVE P O BOX 851 VALLEY FORGE PA 19482-	0851	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		08/23/1976 4. FEI Number	01/26/1995 Applied For
21	······································	26		13-5563392	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulard
City & State 23	8	City & State	" <u> </u>	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 3	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🛐 No
	9. Name and Address of Curren			10. Name and Address of New Re	
STULL	HAROLD		81 Name		
23371 B	LUEWATER CR #C-514			Address (P.O. Box Number is Not Acceptabl	6)
BOCA R	ATON FL 33433		83		
			84 City		FL 85 Zip Code
11. Pursuant 1	to the provisions of Sections 617.0502	and £17 1509 Elorida Statutos			
or register	red agent, or both, in the State of Florid	da. Such change was authorized I	the above-named co by the corporation's	rporation submits this statement for the purp board of directors. I hereby accept the appo	pose of changing its registered office intment as registered agent. I am
or register familiar wi	red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	da. Such change was authorized l ion 617.0503, Florida Statutes.	the above-named co by the corporation's	rporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its registered office intment as registered agent. I am
or register familiar wi	red agent, or both, in the State of Florid th, and accept the obligations of, Secti Signature, typed or printed name of registered agent.	da. Such change was authorized ion 617.0503, Florida Statutes. ard title il applicable. (NOTE:	the above-named co by the corporation's Registered Agent signature r 13.	board of directors. I hereby accept the appo	pintment as registered agent. I am
or register familiar wi SIGNATURE	red agent, or both, in the State of Florid th, and accept the obligations of, Secti Signature, typed or printed name of registered agent OFFICERS ANI PD	da. Such change was authorized ion 617.0503, Florida Statutes. ard title il applicable. (NOTE:	by the corporation's Registered Agent signature r	board of directors. I hereby accept the appo sourced when reinstating) ADDITIONS/CHANGES TO OFFI PD	DATE CERS AND DIRECTORS IN 12
or register familiar wi SIGNATURE 12. 111.6 NAME	red agent, or both, in the State of Flori th, and accept the obligations of, Secti Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R	da. Such change was authorized ion 617.0503, Florida Statutes. and the it applicable. (NOTE: D DIRECTORS	by the corporation's Registered Agent signature in 13. 1.1 TiTLE 1.2 NAME	board of directors. I hereby accept the appoint address of the second se	DATE CERS AND DIRECTORS IN 12
or register familiar wi SIGNATURE 12. Tiluf:	red agent, or both, in the State of Florid th, and accept the obligations of, Secti Signature, typed or printed name of registered agent OFFICERS ANI PD	da. Such change was authorized ion 617.0503, Florida Statutes. and the it applicable. (NOTE: D DIRECTORS	by the corporation's Registered Agent signature r 13. 1.1 TIFLE	board of directors. Thereby accept the appoint ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE	DATE CERS AND DIRECTORS IN 12 CARS AND DIRECTORS IN 12 CRS AND DIRECTORS IN 12 Change Addition
or register familiar wi SIGNATURE 12. TILE NAME STREET ADDRESS CITY - SI - ZIP TITLE	red agent, or both, in the State of Flori ith, and accept the obligations of, Secti Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD	da. Such change was authorized ion 617.0503, Florida Statutes. and the it applicable. (NOTE: D DIRECTORS	by the corporation's Pegistered Agent signature r 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY-ST-ZIP 2.1 TITLE	poard of directors. Thereby accept the appo adved when reinstating ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE	DATE CERS AND DIRECTORS IN 12
or register familiar wi SIGNATURE 12. TILE NAME STREET ADDRESS CITY - SI - ZIP TITLE NAME	red agent, or both, in the State of Flori ith, and accept the obligations of, Secti Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA	da. Such change was authorized ion 617.0503, Florida Statutes. ard title if applicable. (NOTE: D DIRECTORS	by the corporation's Pegistered Agent signature r 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	board of directors. Thereby accept the appoint ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE	CERS AND DIRECTORS IN 12
or register familiar wi SIGNATURE 12. TILE NAME STREET ADDRESS CITY - SI - ZIP TITLE	red agent, or both, in the State of Flori ith, and accept the obligations of, Secti Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY	da. Such change was authorized i on 617.0503, Florida Statutes. are title if applicable. (NOTE: 1 D DIRECTORS OELETE	by the corporation's Pegistered Agent signature r 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY-ST-ZIP 2.1 TITLE	board of directors. Thereby accept the appoint ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE	CERS AND DIRECTORS IN 12
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE	red agent, or both, in the State of Flori ith, and accept the obligations of, Secti Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY MD	da. Such change was authorized ion 617.0503, Florida Statutes. ard title if applicable. (NOTE: D DIRECTORS	by the corporation's Pegistered Agent Eignature in 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE	board of directors. Thereby accept the appoint ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE	CERS AND DIRECTORS IN 12
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	red agent, or both, in the State of Flori ith, and accept the obligations of, Secti Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY	da. Such change was authorized i on 617.0503, Florida Statutes. are title if applicable. (NOTE: 1 D DIRECTORS OELETE	by the corporation's Pegistered Agent signature in 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY - ST - ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CiTY - ST - ZIP	board of directors. Thereby accept the appoint ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE	CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 CCRS AND DIRECTORS
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	red agent, or both, in the State of Flori ith, and accept the obligations of, Secti Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY MD SUNDQUIST, JOHN A. R NO. 29 MILITIA HILL DRIVE WAYNE PA	da. Such change was authorized i on 617.0503, Florida Statutes. aro title il appleable. (NOTE: 1 D DIRECTORS DELETE DELETE DELETE	by the corporation's Registered Agent signature in 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	board of directors. Thereby accept the appoint ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE MILLBRAE, CA 94030	DATE CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 Change Addition
or register familiar wi SIGNATURE 12. TILE NAME STREET ADDRESS CITY - SI - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE	red agent, or both, in the State of Flori ith, and accept the obligations of, Secti Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY MD SUNDQUIST, JOHN A. R NO. 29 MILITIA HILL DRIVE WAYNE PA S	da. Such change was authorized i on 617.0503, Florida Statutes. are title if applicable. (NOTE: 1 D DIRECTORS OELETE	by the corporation's Pegistered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	board of directors. Thereby accept the appoint ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE MILLBRAE, CA 94030	CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 CCRS AND DIRECTORS
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	red agent, or both, in the State of Flori Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY MD SUNDQUIST, JOHN A. R NO. 29 MILITIA HILL DRIVE WAYNE PA S GAGE, PHILIP C 327 VALLEY VIEW RD.	da. Such change was authorized i on 617.0503, Florida Statutes. ard title il applicable. (NOTE: D DIRECTORS OELETE DELETE DELETE DELETE	by the corporation's Registered Agent signature in 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	board of directors. Thereby accept the appoint ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE MILLBRAE, CA 94030	DATE CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 Change Addition
or register familiar wi SIGNATURE 12. TILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	red agent, or both, in the State of Flori ith, and accept the obligations of, Secti Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY MD SUNDQUIST, JOHN A. R NO. 29 MILITIA HILL DRIVE WAYNE PA S GAGE, PHILIP C	ta. Such change was authorized ion 617.0503, Florida Statutes. ard the il applicative. D DIRECTORS DELETE DELETE DELETE DELETE	by the corporation's Pegistered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.5 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S HOFFMAN, JOAN F. 218 GLENWOOD ROAD	CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
or register familiar wi SIGNATURE 12. TILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP TILE	red agent, or both, in the State of Flori signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY MD SUNDQUIST, JOHN A. R NO. 29 MILITIA HILL DRIVE WAYNE PA S GAGE, PHILIP C 327 VALLEY VIEW RD. KING OF PRUSSIA PA 19406 T	da. Such change was authorized i on 617.0503, Florida Statutes. ard title il applicable. (NOTE: D DIRECTORS OELETE DELETE DELETE DELETE	by the corporation's Pegistered Agent signature n 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE	board of directors. Thereby accept the appoint ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE MILLBRAE, CA 94030 S HOFFMAN, JOAN F. 218 GLENWOOD ROAD	DATE CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 Change Addition
or register familiar wi SIGNATURE 12. TILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	red agent, or both, in the State of Flori Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY MD SUNDQUIST, JOHN A. R NO. 29 MILITIA HILL DRIVE WAYNE PA S GAGE, PHILIP C 327 VALLEY VIEW RD. KING OF PRUSSIA PA 19406 T JONES, CORNELIUS C. 115 HARRY RD.	ta. Such change was authorized ion 617.0503, Florida Statutes. ard the il applicative. D DIRECTORS DELETE DELETE DELETE DELETE	by the corporation's Pegistered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.5 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	board of directors. Thereby accept the appoint ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE MILLBRAE, CA 94030 S HOFFMAN, JOAN F. 218 GLENWOOD ROAD	CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
or register familiar wi SIGNATURE 12. TILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP	red agent, or both, in the State of Flori Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY MD SUNDQUIST, JOHN A. R NO. 29 MILITIA HILL DRIVE WAYNE PA S GAGE, PHILIP C 327 VALLEY VIEW RD. KING OF PRUSSIA PA 19406 T JONES, CORNELIUS C. 115 HARRY RD. EAGLEVILLE PA	ta. Such change was authorized i on 617.0503, Florida Statutes. ard the il apploate. INOTE: D DIRECTORS OELETE DELETE DELETE DELETE DELETE	by the corporation's Pegistered Agent signature n 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	board of directors. Thereby accept the appoint ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE MILLBRAE, CA 94030 S HOFFMAN, JOAN F. 218 GLENWOOD ROAD KING OF PRUSSIA, PA	initiment as registered agent. I am DATE CERS AND DIRECTORS IN 12 CRS AND DIRECTORS IN 12 Change Change Addition Change Addition 19406 Change Addition
or register familiar wi SIGNATURE 12. TILE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME	red agent, or both, in the State of Flori Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY MD SUNDQUIST, JOHN A. R NO. 29 MILITIA HILL DRIVE WAYNE PA S GAGE, PHILIP C 327 VALLEY VIEW RD. KING OF PRUSSIA PA 19406 T JONES, CORNELIUS C. 115 HARRY RD. EAGLEVILLE PA AT	ta. Such change was authorized ion 617.0503, Florida Statutes. ard the il applicative. D DIRECTORS DELETE DELETE DELETE DELETE	by the corporation's Pegistered Agent signature r 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE	ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE MILLBRAE, CA 94030 S HOFFMAN, JOAN F. 218 GLENWOOD ROAD KING OF PRUSSIA, PA	CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - SI - ZIP TITLE NAME STREET ADDRESS CITY - SI - ZIP	red agent, or both, in the State of Flori Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY MD SUNDQUIST, JOHN A. R NO. 29 MILITIA HILL DRIVE WAYNE PA S GAGE, PHILIP C 327 VALLEY VIEW RD. KING OF PRUSSIA PA 19406 T JONES, CORNELIUS C. 115 HARRY RD. EAGLEVILLE PA AT SUTTON, ERNEST L 1216 SOUTH BONSALL ST.	ta. Such change was authorized i on 617.0503, Florida Statutes. ard the il apploate. INOTE: D DIRECTORS OELETE DELETE DELETE DELETE DELETE	by the corporation's Pegistered Agent Eignature / 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME 6.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE MILLBRAE, CA 94030 S HOFFMAN, JOAN F. 218 GLENWOOD ROAD KING OF PRUSSIA, PA AT SUTTON, ERNEST L. 8710 MARSHALL ROAD	initiment as registered agent. I am DATE CERS AND DIRECTORS IN 12 CRS AND DIRECTORS IN 12 Change Change Addition Change Addition 19406 Change Addition
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - SI - ZIP TITLE NAME STREET ADDRESS CITY - SI - ZIP	red agent, or both, in the State of Flori Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY MD SUNDQUIST, JOHN A. R NO. 29 MILITIA HILL DRIVE WAYNE PA S GAGE, PHILIP C 327 VALLEY VIEW RD. KING OF PRUSSIA PA 19406 T JONES, CORNELIUS C. 115 HARRY RD. EAGLEVILLE PA AT SUTTON, ERNEST L 1216 SOUTH BONSALL ST. PHILADELPHIA PA 19146 Sy certify that the information supplied vi	ta. Such change was authorized ion 617.0503, Florida Statutes. ard title if applicable. D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE With this filing is voluntarily furnish al report or supplemental annual	by the corporation's Pegistered Agent Eignature / 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TIFLE 6.1 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 CITY-ST-ZIP 7.1 CITY-ST	ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE MILLBRAE, CA 94030 S HOFFMAN, JOAN F. 218 GLENWOOD ROAD KING OF PRUSSIA, PA AT SUTTON, ERNEST L. 8710 MARSHALL ROAD WYNDMOOR, PA 19038 Hy for the exemption stated in Section 119. Curate and that my signature shall have the	intment as registered agent. I am DATE CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 CChange Change Change Addition Change Addition CAddition CADATE CHANGE CADATE CA
or register familiar wi SIGNATURE 12. TILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	red agent, or both, in the State of Flori Signature, typed or printed name of registered agent OFFICERS ANI PD IRISH, ESTHER M.R. R R.D. 1, BOX 821 MONMOUTH ME VD MIRAZ, LAURA 456 EFFINGHAM AVE. BRONX NY MD SUNDQUIST, JOHN A. R NO. 29 MILITIA HILL DRIVE WAYNE PA S GAGE, PHILIP C 327 VALLEY VIEW RD. KING OF PRUSSIA PA 19406 T JONES, CORNELIUS C. 115 HARRY RD. EAGLEVILLE PA AT SUTTON, ERNEST L 1216 SOUTH BONSALL ST. PHILADELPHIA PA 19146 Sy certify that the information supplied vi	ta. Such change was authorized i on 617.0503, Florida Statutes. ard the il applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE Mith this filing is voluntarily furnish ual report or supplemental annual ration or the receiver or trustee e on an attachment with an address	by the corporation's Pegistered Agent signature n 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFI ADDITIONS/CHANGES TO OFFI PD RAMIREZ, DANIEL A. 423 LOMITA AVENUE MILLBRAE, CA 94030 S HOFFMAN, JOAN F. 218 GLENWOOD ROAD KING OF PRUSSIA, PA AT SUTTON, ERNEST L. 8710 MARSHALL ROAD WYNDMOOR, PA 19038	intment as registered agent. I am DATE CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 CChange Change Change Addition Change Addition CAddition CADATE CHANGE CADATE CA