## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 28, 2002 8:00 am Secretary of State DOCUMENT # F9300001956 1. Entity Name CHRISTOPHER EDWARDS FOUNDATION, INC. 02-28-2002 90031 017 \*\*\*\*61 25 Principal Place of Business Mailing Address 1243 GERBING ROAD 1243 GERBING ROAD FERNANDINA BEAC FL 32034 FERNANDINA BEACH FL 32304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-7701430 Not Applicable Zip Country Zip 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 Street Address (P.O. Box Number is Not Acceptable) EDWARDS, SARA M 1243 GERBING ROAD FERNANDINA BEACH FL 32034 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (9/01) TITLE ☐ Addition TITLE ☐ Delete EDWARDS, SARA M NAME NAME 1243 GERBING ROAD STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL CITY-ST-ZIP CITY-ST-ZIP DCP ☐ Addition ☐ Delete TITLE Change TITLE EDWARDS, THOMAS JOEL NAME NAME 1243 GERBING ROAD STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL CITY-ST-ZIP CITY-ST-ZIP SD Change ☐ Addition TITLE ☐ Delete TITLE JULIE TIDWELL NAME NAME 1215 N. FLAT ROACK RD. STREET ADDRESS STREET ADDRESS DOUGLESVILLE GA CITY-ST-ZIP CITY-ST-7IP Board Member ☐ Delete ☐ Change **☒** Addition TITLE TITLE NAME NAME David Edwards STREET ADDRESS STREET ADDRESS 1267 Gerbing Rd. CITY-ST-ZIP CITY-ST-ZIP Amelia Island, FL 32034 Board Member **X** Addition ☐ Delete TITLE ☐ Change NAME Thomas Michael Edwards NAME STREET ADDRESS STREET ADDRESS 21 High Battery Circle CITY-ST-ZIP CITY-ST-ZIP Mt.Pleasant, SC TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2:18.2001