

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90006 031 ****61.25

DOCUMENT # F98000006142



1. Entity Name
NINEPATCH, INC.

Principal Place of Business Mailing Address
BOX 1263 BOX 1263
AVON PARK FL 33826 AVON PARK FL 33826

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **38-3271588**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OGLE, FRANCES R
4801 GRANADA BLVD
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Frances R. Ogle*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 6, 2003
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	P	<input type="checkbox"/> Delete
NAME	OGLE, FRANCES R	
STREET ADDRESS	4801 GRANADA BLVD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	AD	<input type="checkbox"/> Delete
NAME	KRUZEL, GEORGENE	
STREET ADDRESS	2716 DALERIDGE PL	
CITY-ST-ZIP	SPRING VALLEY CA 91977	
TITLE	AD	<input type="checkbox"/> Delete
NAME	POUCHER, JUNE	
STREET ADDRESS	PO BOX 1027	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITT, KATHRYN	
STREET ADDRESS	1731 MANITOU LN.	
CITY-ST-ZIP	MIDDLEVILLE MI 49333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *Frances R. Ogle* **REQUIRED**

Jan 6, 2003

863-382-1937

CR2E037 (10/02)