

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90133 038 ***150.00

DOCUMENT # H45766

1. Entity Name
HATTIE FARMER WALKER EDUCATIONAL TRUST, INC.



Principal Place of Business
1920 SENTINEL POINT ROAD
SEBRING FL 33872-33875
US

Mailing Address
1920 SENTINEL POINT ROAD
SEBRING FL 33872-33875
US

60022063



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
33875 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
33875 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6819009**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT T. WALKER
1920 SENTINEL POINT ROAD
SEBRING FL 33875

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WALKER, ROBERT T			NAME			
STREET ADDRESS	1920 SENTINEL POINT RD			STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL 33875			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WALKER, JEAN E			NAME			
STREET ADDRESS	1920 SENTINEL POINT RD			STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL 33875			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBINSON, VIRGINIA W			NAME			
STREET ADDRESS	1920 SENTINEL POINT RD			STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL 33875			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBINSON, ALEXANDRA			NAME			
STREET ADDRESS	1920 SENTINEL POINT RD			STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL 33875			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TIERNEY, PHYLLIS W			NAME			
STREET ADDRESS	1920 SENTINEL POINT RD			STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL 33875			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 607, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 863-655-1471
Date Daytime Phone #

CR2E034 (10/02)