2003 NOT-FOR-PROFIT CORPORATION

Mar 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # N0000001496 03-31-2003 90311 046 ****61.25 FRIENDS OF BARK PARK AT SNYDER PARK, INC. Principal Place of Business Mailing Address 1957_CORAL GARDENS DRIVE 1957 CORAL GARDENS DRIVE FT. LAUDERDALE-EL 33306 FT. LAUDERDALE-FL-33306 811 5W 28 mg 811 SN 28 Lauder d 2. Principal Place of Busines 3. Mailing Address 811 50 28 Sw Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0771015 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Bross and nowar 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name BARRY HANDLEY ANDL SHAFFER, MARCI Sw 28 m st 1601 NE-27 DRIVE Lauderdah H FT. LAUDERDALE FL 33334 Zip Code 333/5 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) me of redistered agent and title if appli-9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE MEERIG MEYERS - KERSI EFRON, JIM NAME NAME 1630 E OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-7IP TITLE ☐ Addition TITLE Delete SHAFFER, MARCI NAME NAME 1601 NE 27TH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change STEIN, ERIC NAME NAME 1957 CORAL GARDENS DR. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33306 CITY-ST-7IP CITY-ST-ZIP Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

FILED