

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

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90127 001 \*\*\*\*61.25

**DOCUMENT # N00000001692**

1. Entity Name

**DAVID KIM PERRY FOUNDATION, CORPORATION**



Principal Place of Business

**9 N. RAVENSFIELD LANE  
ORMOND BEACH FL 32174**

Mailing Address

**9 N. RAVENSFIELD LANE  
ORMOND BEACH FL 32174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**9 N. Ravensfield Lane**

Suite, Apt. #, etc.

**9 N. Ravensfield Ln.**

City & State

**Ormond Beach, FL**

City & State

**Ormond Beach, FL**

Zip

**32174**

Country

**USA**

Zip

**32174**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **35-1815677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PERRY, DAVID KIM  
9 N. RAVENSFIELD LANE  
ORMOND BEACH FL 32174**

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

*David Kim Perry*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-15-03**

**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	<del>C</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>PERRY, DAVID K</del>	
STREET ADDRESS	<del>16 PRESCOTT LANE</del>	
CITY-ST-ZIP	<del>PALM COAST FL 32164</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, JOSEPH	
STREET ADDRESS	20315 10TH AVENUE SOUTH	
CITY-ST-ZIP	SEATTLE WA 98198	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>HOPE, ELIZABETH</del>	
STREET ADDRESS	<del>6809 IVY LOG DRIVE</del>	
CITY-ST-ZIP	<del>AUSTELL GA 30108</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, MARK JR	
STREET ADDRESS	6313 6TH STREET	
CITY-ST-ZIP	LOS ANGELES CA 90048	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAR, BENITA	
STREET ADDRESS	18649 LANCASHIRE	
CITY-ST-ZIP	DETROIT MI 48223	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>TART, WILEY</del>	
STREET ADDRESS	<del>55 HOUSE LANE</del>	
CITY-ST-ZIP	<del>FREEMANVILLE AL 36502</del>	

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perry, David Kim	
STREET ADDRESS	9 N. Ravensfield Lane	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Irby	
STREET ADDRESS	10001 N.E. 82nd Avenue	
CITY-ST-ZIP	Vancouver, WA 98662-1354	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Louise Tattall	
STREET ADDRESS	17177 Parkside	
CITY-ST-ZIP	Detroit, MI 48221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*David Kim Perry*

**4-15-03 386-671-0153**

CR2E037 (10/02)