2002 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2002 8:00 am Secretary of State DOCUMENT # N00000002592 09-17-2002 90098 008 ****61.25 THE PROTESTANT FOUNDATION OF THE OCEAN REEF CHAP Principal Place of Business Mailing Address 32 OCEAN REEF DRIVE 32 OCEAN REEF DRIVE THE CHAPEL AT OCEAN REEF THE CHAPEL AT OCEAN REEF KEY LARGO FL 33037 KEY LARGO FL 33037 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 65-1002109 Not Applicable .3 Zip Zip Country \$8.75 Additional Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LYNN, SANDRA T ESQ. 41 HARBOUR HOUSE KEY LARGO FL 33037 Zin 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. Sanara T. Lynn, ESP (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 13, 2002, Trust Fund Contribution. Added to Fees Department of State mln. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE TITLE CD 🙀 Delete CP Bates, Henry 108 ANDROS RD NAME NAME LAUDER, DR. FREDRICK STREET ADDRESS STREET ADDRESS 21 BAY RIDGE ROAD 38037 CITY-ST-ZIP FL Key Largo CITY-ST-ZIP KEY LARGO FL 33037 ☐ Addition Change VCD Delete TITLE TITLE NAME BATES, HENRY NAME STREET ADDRESS STREET ADDRESS 108 ANDROS ROAD CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change Addition TITLE Delete TITLE MCGOVERN, MRS. THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 34 LAKESIDE LANE, UINIT B CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Addition ☐ Change ☐ Delete TITLE TD TITLE NAME FERGER, MRS. STANLEY NAME STREET ADDRESS STREET ADDRESS 11 BAY RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 other like empowered.

CITY-ST-ZIP

SIGNATURE:

9/12/02 AFTER 10/3/02 305-367.3 259

FILED