440 - 759 -8000 Dayrime Phone #

2001	UNIF	ORM BUSIN	ESS REPO	R	ÜΒΙ	R)	<i>3,</i> 1,,01-301.	30-330-301.23-0	JU 1.20				
DOCUM 1. Entity Name	IENT#	N0000000	3164	•	,			roje #1					
ERRICT R	rhett yol	JTH FOUNDATION,	INC.			(a)		FILE			•		
Principal Place of Business			Mailing Address				01 NOV 14 PM 4: 52						
6 NW 108 TERR PLANTATION FL 33324			6 NW 108 TERR Plantation FL 33324				SECRETARY OF STATE						
	. •••				b		. 1911	TAHASSEE	FLOR	LDA Minimi			
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI Number 94- 23	5 446	7		oplied For of Applicable		
Zip	Zip Country		Zip Co			_	5. Certificate of S	tatus Desired	) <b>\$</b> 1	3.75 Ado	ditional .		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
rhett, errict					Street Address (P.O. Box Number is Not Acceptable)								
', 6 NW 108 T PLANTATIO		Ì											
PENNIONE			City						FL	Zip Cod	е		
8. The above no	amed entity su	bmits this statement for the	purpose of changing its	registere	d office o	r register	ed agent, or both, in	the state of Florida.					
34		•									}		
SIGNATURE	gnature, typed or pr	inted name of registered agent and tit	le if applicable. (NOTI	E: Registered	Apent signal	ture required	when reinstating)		DATE	<del></del>			
			9. Stantian Con				<b>A</b> E 00	Make 6			•		
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make Check Payable to Department of State					
10.		OFFICERS AND DIRECT	TORS _	11.			ADDITIONS/CHANG	ES TO OFFICERS AI	ND DIREC	CTORS IN			
TITLE			☐ Delete	TITLE		D	ict RHe	<u> </u>		Change	Addition		
NAME STREET ADDRESS					T ADDRESS	CD	W 108 TE	rrace					
CITY-ST-ZIP				━	ST-ZIP	PIA	ntation,	#lerida		224	- Services		
TITLE NAME			☐ Delete	TITLE		mi	chael P	i. RHe+	<b>↓</b>	Change			
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP	105	LAKE ET	NERAIN PRK. Flor	Pr	388 . nr .	102		
-TITLE			Delete	= mu		7	NIPPLOX F	TION		Change	LX Addition		
NAME CARLET ADDRESS			, •	NAME	T ADDRESS	Mi	chale -	eraid P	N ING	¥ 2	<u> </u>		
STREET ADDRESS CITY-ST-ZIP					ST-ZIP	OAI	kinnd far	K, Florie	ا ما	230	ã		
TITLE			Delete	TITLE			- ×	•		Change	Addition		
NAME STREET ADDRESS				NAME STREE	T ADDRESS	عدت 0 - ط	indirec N	Terrace					
CITY-ST-ZIP					ST-ZIP	Pla	andra R 1.W. 108 7 Mation,	H. 3336	14		<del>-</del>		
TITLE NAME			Delete	TITLE			ŗ		ر ا	Change	Addition		
STREET ADDRESS				STREE	I ADDRESS			, //	1,./	$\overline{}$			
CITY-ST-ZIP TITLE			□ Delete	TITLE	ST-ZIP				<i>{}}</i> }	] Change	☐ Addition		
NAME			Data	NAME				/ <b>\</b> (N	No.				
STREET ADDRESS City-ST-Zip				-T \	T ADDRESS ST-21P			$\mathcal{I} \setminus$	$/ \vee$		ſ		
	rtify that the inf	ormation supplied with this supplemental report is true occiver or trastee empowers then the with an address, with a	filing dees not qualify for and accurate and that and to execute this re-			ted in Sec ave the s	ction 119.07(3)(l), Flo same legal effect as i	orida Statutes. I furth f made under oath; I	er certify that I am	that the in an officer	formation or director Block 11 if		
changed, or	on an atlachn	nent with an address, with a	all other like empowered.	as require	uy Vila	.,	,	/ /		10 UI			

SIANATITATEREQUIRED
SIGNATURE AND TYPEST OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_