2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002
Secretary of State

DOCUMENT# N00000003244

Entity Name: WALKER MEMORIAL ACADEMY FOUNDATION, INC.

Current Principal Place of Business:

1525 WEST AVON BLVD.
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

1525 WEST AVON BLVD.
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 59-3646114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FARMER, WILLIAM E
1525 WEST AVON BLVD.
AVON PARK, FL 33825

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	FARMER, WILLIAM E	
Address:	1525 WEST AVON BLVD.	
City-St-Zip:	AVON PARK, FL 33825	
Title:	VD	( ) Delete
Name:	MCNUTT, WAYNE	
Address:	2170 NORTH WEST SHORE DRIVE	
City-St-Zip:	AVON PARK, FL	
Title:	SD	( ) Delete
Name:	JACOBS, DOUGLAS	
Address:	1636 WEST ALLAMANDA DRIVE	
City-St-Zip:	AVON PARK, FL	
Title:	TD	( ) Delete
Name:	SAGER, WILLIAM C	
Address:	1545 WEST POINSETTIA ROAD	
City-St-Zip:	AVON PARK, FL	
Title:	D	( ) Delete
Name:	ASHCRAFT, ALAN	
Address:	246 WEST LAKE DAMON DRIVE	
City-St-Zip:	AVON PARK, FL	
Title:	D	( ) Delete
Name:	CHEN, TONY Y.T. MD	
Address:	1598 US 27 NORTH	
City-St-Zip:	AVON PARK, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. FARMER PD 09/16/2002

Electronic Signature of Signing Officer or Director — Date