2003 NOT-FOR-PROFIT CORROBATION UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2003 8:00 am Secretary of State

1. Entity Nar	MENT # NOOOOO IGH SCHOOL ALUMNI FOUN	04-08-2003 90102 040 ****61.25							
518 SE 39TH TERRACE P.O.		Mailing Address	alling Address		55041179				
		P.O. BOX 1843 SILVER SPRINGS FL 34489	P.O. BOX 1843 SILVER SPRINGS FL 34489-1843						
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 5	9-3675189	}~ - -	pplied For lot Applicable		
Zip	Country	Zip	Cou	untry	5. Certificate of S	tatus Desired	3 \$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New Regist	ered Agent		
OWEN	IM LIALA I ID			Name			·		-
OWEN, WILLIAM L JR. 518 SE 39TH TERRACES OCALA FL 34471				Street Address (ess (P.O. Box Number Is Not Acceptable)				
OONLATE SHITT				City			FL Zip Coo	ie	
B. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or register	ed agent, or both, in	the State of Florida.		and accept	
", the obligat	tions of registered agent.	[/ /		
SIGNATURE	Willer I Well	~ /\				3/	26/03		
	Signature, typed or printed name of registered agent		E: Registere	d Agent signature required	when reinstating)	·	DATE 1		
	FILE NOW: FEE IS \$51.25	9. Election Car	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Florida Department of State			
10.	OFFICERS AND DIE	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AN	ID DIRECTORS IN	110	
TITLE	T	☐ Delete	TITLE		27	••	(D) Ohange	Addition	8
NAME Street address	OWEN, WILLIAM L JR. 1518 SE 36 TERR			E 1\ 11. / AC			/ (*.	٤
CITY-ST-ZIP			NAM STRE	ET ADORESS	a MOOD!	a Ave	, , ,	}	
	OCALA FL 34471		STRE	ET ADORESS SI	a MOOD 04 NW 34 INESUITE	Tu Ave F1 32	665		E037
TITLE	OCALA FL 34471	☐ Celete	STRE CITY TITLE	-ST-ZIP G-4	inesuille	Ta Ave Fl 32	65 Change	Addition	CR2E037 (10/02)
NAME	OCALA FL 34471 T MOODY, RA	☐ Celete	STRE CITY: TITLE NAME	ST-ZIP GA	Nesville	<u>FI 320</u> I-e=Tl	Change	Addition	CR2E037
£ .	OCALA FL 34471 T MOODY, RA 804 NW 34 AVE	☐ Celete	STREE CITY- TITLE NAME STREE	E ET ADORESS	MRY CULL	FI 320 breth	Wite G	Addition	CR2E037
NAME STREET ADDRESS CITY-ST-ZIP	OCALA FL 34471 T MOODY, RA 804 NW 34 AVE GAINESVILLE FL 32609	☐ Celete	STREE CITY- TITLE NAME STREE	E VP E TADORESS 2: -ST-ZIP ST	neg Culle 201 4th s Actus hu	FI 320 breth H North G, FI 33	Suite G 704		CP2E037
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NAME STREET ADDRESS CITY-ST-ZIP	OCALA FL 34471 T MOODY, RA 804 NW 34 AVE GAINESVILLE FL 32609 T ROGERS, ANN BOHLER 4411 SE 13TH STREET		STREE CITY- TITLE NAME STREE CITY	E VP E TADORESS 2: -ST-ZIP ST	ney Cull 101 4th s he ters hu 1014 56 13	FI 320 breth H North G; FI 33 IN Baller D, 54	Suite G 704		CR2E037
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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: REGRANDO DE