

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

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-05-2003 90149 032 ****61.25

DOCUMENT # N00000003876

1. Entity Name

FAMILIES TO THE RESCUE, INC.



Principal Place of Business

**16382 SEMINOLE BLVD
ISTACHATTA FL 34826**

Mailing Address

**PO BOX 37
ISTACHATTA FL 34836**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3656169**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAINUM, JOHN W JR
16382 SEMINOLE BLVD
ISTACHATTA FL 34836**

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

John W. Bainum Jr
Signature, typed or printed name of registered agent and title, if applicable.

President
(NOTE: Registered Agent signature required when reinstating)

5/2/03
DATE

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 **PD** ☐ Delete
NAME **BAINUM, JOHN W**
STREET ADDRESS **P O BOX 37**
CITY-STATE-ZIP **ISTACHATTA FL 34836**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **TD** ☐ Delete
NAME **PAYNE, JEAN**
STREET ADDRESS **P O BOX 37**
CITY-STATE-ZIP **ISTACHATTA FL 34836**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **SD** ☒ Delete
NAME **BAINUM, JANET**
STREET ADDRESS **P O BOX 37**
CITY-STATE-ZIP **ISTACHATTA FL 34836**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VP** ☒ Delete
NAME **PENTON, LEONARDS**
STREET ADDRESS **705 B BELLA VISTA ST**
CITY-STATE-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **V.P. INTERNATIONAL** ☐ Delete
NAME **CARLOS ADOLFO POSSO**
STREET ADDRESS **CALLE 39 No. 3-40**
CITY-STATE-ZIP **CALI, COLOMBIA 10905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **V.P. DOMESTIC** ☐ Delete
NAME **BOB STOUT**
STREET ADDRESS **8461 D. VLENTON WAY**
CITY-STATE-ZIP **BROOKSVILLE, FL. 34602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

John W. Bainum Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/02)