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

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

1. Entity Nan	MENT # NOOOOO TO THE RESCUE, INC.	003876		05-05-2003 90149 032 ****61.25				
Principal Plac	ce of Business	Mailing Address	·	7				
16382 SEMINOLE BLVD PO		PO BOX 37						
ISTACHATTA FL 34826 ISTACHATTA FL 34836								
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2. Principal Place of Business 3. Mailing		3. Mailing Address	ing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 5	4. FEI Number 59-3656169		Applied For Not Applicable	
Zìp	Country	Žip	Country	5. Certificate of St		\$8.75 Ad	Iditional	
	6, Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered A	gent -	جسري م	7
			Name					-
BAINUM, JOHN W JR. 16382 SEMINOLE BLVD ISTACHATTA FL 34636			Street Address (P.O. Box Number is Not Acceptable)]
ISTAURA	111A PL 34630							J
		<u> </u>	City		FL	Zip Cod	le	1
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or regis	tered agent, or both, in	the State of Florida. I am f	amiliar with,	and accept	
	Signature, typed or printed name of registered agent i	ed title applicable. (NOTE	Registered Agent signature requ	ired when reineating)	DATE			1
	FILE NOW: FEE IS \$61.25	9, Election Carr Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Florida Depart	ment of	State	
10	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees		ment of	State	(2)
	FILE NOW: FEE IS \$61.25	9, Election Carr Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Florida Depart	ment of	State	10/02)
10. TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25 OFFICERS AND DIF PO BAINUM, JOHN W P O BOX 37	9. Election Carr Trust Fund C	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida Depart	ment of	State	37 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD BAINUM, JOHN W P O BOX 37 ISTACHATTA FL 34636	9. Election Carr Trust Fund Co RECTORS	npaign Financing ontribution. 11. TITLE NAME	\$5.00 May Be Added to Fees	Florida Depart	ECTORS IN	State 10 Addition	25037 (10/02)
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF PD BAINUM, JOHN W P O BOX 37 ISTACHATTA FL 34636	9. Election Carr Trust Fund C	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Florida Depart	ment of	State	CR2E037 (10/02)
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF PD BAINUM, JOHN W P O BOX 37 ISTACHATTA FL 34636 TD PAYNE, JEAN	9. Election Carr Trust Fund Co RECTORS	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees	Florida Depart	ECTORS IN	State 10 Addition	CR2E037 (10/02)
10. TITLE MAME STREST ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF PD BAINUM, JOHN W P O BOX 37 ISTACHATTA FL 34636	9. Election Carr Trust Fund Co RECTORS	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Florida Depart	ECTORS IN	State 10 Addition	CR2E037 (10/02)
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10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME	PD BOX 37 ISTACHATTA FL 34636 PO BOX 37 ISTACHATTA FL 34636 FD PAYNE, JEAN P O BOX 37 ISTACHATTA FL 34636 SD BAINUM, JANET	9. Election Carr Trust Fund Co	npaign Financing ontribution. 11. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME	\$5.00 May Be Added to Fees	Florida Depart	ECTORS IN Change	4 10	
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12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: