DOCUMENT # N00000004252

1/16

FILED
Mar 07, 2001 8:00 am
Secretary of State

01-16-2001 90103 025 ****70.00

1. Entity Name

NATIONAL "KEEP 'EM IN STITCHES" FOUNDATION INC.

Principal Place of Business	Mailing Address
654 105TH AVE N NAPLES FL 34108	654 105TH AVE N NAPLES FL 34108

No Changes

2. Principal Place of Business	3. Mailing Address
~~Same~~ 654 105th Ave N	~~Same~~ 654-105th Ave North
Suite, Apt. #, etc. none	Suite, Apt. #, etc.
City & State Naples FL	City & State Naples FL
Zip 34108 Country Collier	Zip 34108 Country Collier

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MADSEN, ALLEN J
654 105TH AVE N
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name None

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT ALLEN J. MADSEN 654-105TH AVE NORTH NAPLES FLORIDA 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE PRESIDENT CLAUDIA J. MADSEN 654-105TH AVE NORTH NAPLES FLORIDA 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE PRESIDENT PROMOTION EMMETT W. MILLS JR 3106 FERNCLIFF ROYAL OAK, MI 48073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/00)

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: Allen J. Madsen 1/8/01 941 593-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #