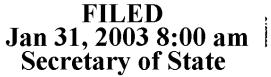
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000004302 1. Entity Name



01-31-2003 90138 009 ****61.25

WJC1 FC	DUNDATION, INC.						
Principal Place of Business Mailing Address 100 FESTIVAL PARK AVENUE JACKSONVILLE FL 32202 Mailing Address 100 FESTIVAL PARK JACKSONVILLE FL 32102			100700±				
					. 17 77 (47 77 (4777)	 	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt, #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-	4. FEI Number 59-3657546 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Statu	_ \$8.75	Additional	
	6. Name and Address of Current R	egistered Agent		7. Name and Addres	ss of New Registered Agent		
			Name	Name			
BOYLAN, MICHAEL T 100 FESTIVAL PARK AVENUE			Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32202			\ <u>-</u>				
			City		FL Zip C	ode	
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered office or regi	stered agent, or both, in the	State of Florida. I am familiar wi	h, and accept	
the obliga	itions of registered agent.	<i>7</i> ,		,	, ,		
. SIGNATURE	Mill // /	1 M	ichael T.	ROYLAN	1/21/03		
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Cor			· • —	\$5.00 May Be Added to Fees	Make Check Payab Florida Department o		
10.	OFFICERS AND DIRE	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS	IN 10	
TITLE	D BOYLAN MICHAEL T	☐ Delete	TITLE		☐ Chang	e 🗌 Addition	
name Street address	BOYLAN, MICHAEL T 100 FESTIVAL PARK AVENUE		NAME STREET ADDRESS			}	
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE		☐ Chang	e 🔲 Addition	
NAME	WEAVER, DELORES 1 ALLTEL STADIUM PLACE		NAME OTOGET ADDRESS				
Street Address City-St-Zip	JACKSONVILLE FL 32202	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS CITY-ST-ZIP	ومعجوب المصادرة والمعادرة	the second of the	=	
TITLE	D	☐ Delete	TITLE		Chang	e 🔲 Addition	
NAME	WINSTON, JIM		NAME	. •			
STREET ADDRESS	601 RIVERSIDE AVE., BLDG 2 SUI	TE 619	STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-ST-ZIP	_ _			
TITLE	D HEINE POPERT	☐ Delete	TITLE		☐ Chang	e 🔲 Addition	
NAME Street address	Helms, Robert 225 Water Street, 11th Flooi	2	NAME STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32202	•	CITY-ST-ZIP			}	
TITLE	D	□ Delete	TITLE		Chang	e	
NAME	MANGUS, PAUL S		NAME		Juling		
STREET ADDRESS CITY-ST-ZIP	50 NORTH LAURA STREET 41ST I JACKSONVILLE FL 32202	FLOOR	STREET ADDRESS CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE		Chang	e	
NAME	LYON, WILFORD C JR	·	NAME		,	_	
STREET ADDRESS	6730 EPPING FOREST WAY NORT	TH #101	STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32217		CITY-ST-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.

Act T. Boylan 1/21/03 SIGNATURE: