2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Sep 13, 2004 8:00 am Secretary of State DOCUMENT # N00000004454 09-13-2004 90120 001 ***211.25 LAUREN HOLT FOUNDATION, INC. Principal Place of Business Mailing Address 66433573 5391 SE MARICAMP ROAD 5391 SE MARICAMP ROAD OCALA, FL 34480 OCALA, FL 34480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09022004 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3659160 Applied For Not Applicable Żip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLT, WALTER Street Address (P.O. Box Number is Not Acceptable) 5391 SE MARICAMP ROAD OCALA, FL 34480 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE HOLT, WALTER NAME NAME STREET ADDRESS STREET ADDRESS 5391 SE MARICAMP ROAD CITY-ST-ZIP CITY-ST-7IP OCALA, FL 34480 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME HOLT, ANNA NAME STREET ADDRESS 1108 SE 48TH AVE. STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME VANDEVEN, NANCY NAME STREET ADDRESS 4801 SE 11TH STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OCALA FL 34471 ☐ Change Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #