2002 UNIFORM BUSINESS REPORT (UBR) FILED May 21, 2002 8:00 am Secretary of State DOCUMENT # N0000004540 1. Entity Name FRANCISCAN FATHER, PROVINCE OF CHRIST THE KING. 05-21-2002 90867 034 ****70 00 INC. Principal Place of Business Mailing Address 1120 63RD AVENUE WEST 1120 63RD AVENUE WEST BRADENTON FL 34207-4808 BRADENTON FL 34207-4808 DATALLE 2. Principal Place of Business 3. Mailing Address 009. Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5 City & State City & State 4. FEI Number Applied For 65-1022931 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 4207 20.5AFee Required 4207 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA; P.A.-343 ALMERIA AVENUE CORAL-GABLES FL 33134 $\overline{\mathcal{B}}$ 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE TITLE Change ☐ Addition OLNEY, FA. BRENDON NAME NAME STREET ADDRESS 1120 63RD AVENUE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34207-4808 Z Delete TITLE ☐ Change **X**Addition TITLE **GUMIENNY, ROBERT J D.D.** NAME NAME 1120 63RD AVENUE WEST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207-4808** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition CARDENAS, REV. FRANCIS NAME NAME STREET ADDRESS 1120 63RD AVENUE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207-4808** TITLE ☐ Delete TITLE ☐ Change ★ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

94/- 758-4**5**90 Daytime Phone #