2003 NOT-FOR-PROFIT COR 3 ANNU.
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State
07-14-2003 90170 010 ****61.25

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DOCUMENT # N00000005047

1. Entity Name
CONLEE MURAL COMMITTEE, INC.

Principal Place of Business	Mailing Address
7300 CRILL AVENUE #32 PALATKA FL 32177	7300 CRILL AVENUE #32 PALATKA FL 32177

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
N/C	N/C
Suite, Apt. #, etc.: N/C	Suite, Apt. #, etc.
City & State: N/C	City & State: N/C
Zip: N/C Country: N/C	Zip: N/C Country: N/C

4. FEI Number 59-3678127 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SNYDER, CLINT 7300 CRILL AVENUE #32 PALATKA FL 32177	Name 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Clint Snyder V-Chrmn 7/9/03
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
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SNYDER, CLINT POST OFFICE BOX 1901 N/A PALATKA FL 32178	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chrmn Clint Snyder 7300 Crill Ave #32 Palatka, FL 32177	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD CARLTON, HERB 414 S. 17TH ST PALATKA FL 32177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chrmn Herb Carlton P.O.B. 1080 Palatka, FL 32178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BEATON, ROBERT 139 CABLE RD PALATKA FL 32177	☐ 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 (4/03)

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.

Clint Snyder 386-328-0500
SIGNATURE REQUIRED