## **FILED** 2003 NOT-FOR-PROFIT CORPORATION Mar 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # N0000005136 03-31-2003 90121 003 \*\*\*\*61.25 FREDRICKSON SPAY NEUTER FOUNDATION. INC. Principal Place of Business Mailing Address P. O. BOX 27389 1023 BARRACUDA PANAMA CITY FL 32411 PANAMA CITY FL 32411 2. Principal Place of Business 3. Mailing Address 3600 PRESERVE BLVD SAME Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number NOT APPLICABLE Applied For City & State City & State PANAMA CITY BEACH, FL 32308 Not Applicable 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 FREDRICKSON, THEA Street Address (P.O. Box Number is Not Acceptable) 1023 BARRACUDA PANAMA CITY FL 32411 City 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.

9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 1Q. 11. TITLE □ Delete TITLE ☐ Change ☐ Addition FREDRICKSON, THEA NAME NAME 1023 BARRACUDA STREET ADDRESS STREET ADDRESS 3600 PRESERVE BLVD CITY-ST-ZIP PANAMA CITY FL 32411 CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 ☐ Delete Change ■ Addition BRYANT, ROWLETT W NAME 833 HARRISON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete :WEATHERSBY: CHARLES M~~-NAME NAME STREET ADDRESS 2232 24TH ST. STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

(NOTE: Registered Agent signature required when reinstating)

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 attachnapt with an address, with an other like empowered.

SIGNATURE: WANTE TO THE CHESTES

Signature, typed or printed name of registered agent and title if applicable.

**SIGNATURE** 

ck305D

CR2E037 (10/02)

DATE