

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90138 036 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>AD00000005222</u>			
1. Entity Name CHOICE DESTINATIONS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business FLORIDA		3. Mailing Address 10152 Cherry Hills Ave. Cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Bradenton, Florida	
Zip	Country United States	Zip 34202	Country U.S.
4. FEI Number 65-1009497		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Margaret H. Cherry			
Street Address (P.O. Box Number is Not Acceptable) 10152 Cherry Hills Ave. Cir.			
City Bradenton		FL	Zip Code 34202
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FEE IS \$61.25 Initial or Amended UBR		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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Marion L. Cherry, /Dir. 10152 Cherry Hills Ave. Cir Bradenton, Fl. 34202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Margaret H. Cherry, Asst. Dir. 10152 Cherry Hills Ave. Cir Bradenton, Fl. 34202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Louis Robinson, Outreach Dir. 3808 Fishing Trail Sarasota, Fl. 34235	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dredd Atkins, Prog. Dir. 1598 29th St. Sarasota, Fl. 34234	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ribbin Haynes, Adm. Svs Dir 1847 32nd. Street Sarasota, Fl. 34234	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Margaret H. Cherry</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		9/2/03 Date Daytime Phone #	

CR2E037B (12/02)