2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # N0000005848 1. Entity Name PROJECT GRADUATION OF LAKE WORTH, INC. 01-26-2001 90069 019 ****61 25 Principal Place of Business Mailing Address 1802 PIERCE DR. 1802 PIERCE DR. LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number #65-1039838 Not Applicable Zip Country Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) BLOCKSON, PAUL B III 1802 PIERCE DR. LAKE WORTH FL 33460 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Chairperson/ Director TITLE Channe Channe ☐ Addition ☐ Delete NAME NAME Virginia Hack STREET ADDRESS STREET ADDRESS 4287 Hunting Trail CITY-ST-ZIP CITY-ST-ZIP ake Worth, Florida 33467 ☐ Addition TITLE TITLE Change Vice Chairperson/ Direc ← On+Hele NAME NAME Carla L. Blockson STREET ADDRESS STREET ADDRESS 1802 Pierce Drive CITY-ST-ZIP CITY-ST-ZIP 7Director TITLE TITLE Change Addition Simone White NAME NAME STREET ADDRESS 709 N Federal Highway STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lake Worth, Florida 33460 Treasurer/Director TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME Paul B. Blockson III STREET ADDRESS STREET ADDRESS 1802 Pierce Drive CITY-ST-ZIP CITY-ST-ZIP ake Worth. Florida 33460 Addition TITLE ☐ Delete TITLE Change 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 CITY-ST-ZIP 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

561/586-1711 Blockson 01-10