

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 28, 2001 08:00 AM
Secretary of State****DOCUMENT # N00000006462****1. Entity Name**
THE FOUNDATION THAT TOUCHES THE WORLD... DO IT, INC.**Principal Place of Business**
5796 HOFFNER AVE.
SUITE 603
ORLANDO FL 32822**Mailing Address**
5796 HOFFNER AVE.
SUITE 603
ORLANDO FL 32822**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3679677**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**WYCHE GILBERT S
365 TWELVE OAKS DR.WINTER SPRINGS FL
32708 US

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.**SIGNATURE** **08/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10****TITLE** D ☐ Delete
NAME JOHNSTON EDWARD
STREET ADDRESS 7899 CHETENHAM DR.
CITY-ST-ZIP WESTERVILLE OH 43081**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** D ☐ Delete
NAME GREEN DAN REV.
STREET ADDRESS 106 LONG BRANCH
CITY-ST-ZIP WINTER PARK FL 32792**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** D ☐ Delete
NAME JOHNSON BEATRICE
STREET ADDRESS 172 CARPETIER RD.
CITY-ST-ZIP HOPEWELL JCT. NY 12533**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** D ☐ Delete
NAME WYCHE GILBERT S
STREET ADDRESS 365 TWELVE OAKS DR.
CITY-ST-ZIP WINTER SPRINGS FL 32708**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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:** Gilbert S. Wyche D 08/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)