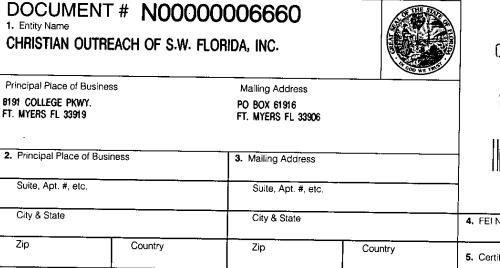
## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR



FILED

03 JAN 17 AM 9:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Zip Code

City & State		Outo, Apr. #, er	<b>c</b> .	☐ CHECK HERE IF MAKING CHANGES				
		City & State		4. FEI Number 59-3753711	Applied For			
Zip	Country	Zip	Country	<del></del>	Not Applicable			
		<u> </u>	Country			\$8.75 Additional Fee Required		
6	Name and Address of Curr	ent Registered Agent —		7- Name and Address of New Re	gistere	d Agent		
			Name					
SWEENEY, JEANNE 8191 COLLEGE PKWY. FT. MYERS FL 33919			Street Addr	ess (P.O. Box Number is Not Acceptable)				

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.

City

SIGNATURE	
	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		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				10	
STREET ADDRESS 13	ALLACE, GERALD 3041 MCGREGOR BLVD #2 T. MYERS FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· -	Achrondoy	Change	Addition
STREET ADDRESS 14	O VILLIAMS, WENDELL 1180 METROPOLIS AVE ORT MYERS FL 33912	Delete	TITLE NAME STREET ADDRESS _CITY-ST-ZIP		<b>600</b> 0 01/17/03	0101918 -01060001	□ Change 8 <b>56</b> **61.25	☐ Addition
STREET ADDRESS 45	D Prague, Pati 514 Jersey RD Drt Myers Fl 33905	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		The second secon		Change	Addition
STREET ADDRESS 17	TRAYHORN, MIKE 100 MEDICAL LN. 1. MYERS FL 33907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ÞΥ			<b>™</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			FAN FL 339		Addition
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				Change	Addition

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.

SIGNATURE:

-15-03