

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006791

FILED
Apr 03, 2002 8:00 AM
Secretary of State

Entity Name: THE JOHN WALKER CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

4317 SANCTUARY WAY
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

4317 SANCTUARY WAY
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 59-3677018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JOHN E
4317 SANCTUARY WAY
BONITA SPRINGS, FL 34134

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALKER, WADE H
Address: 805 S. 5TH ST.
City-St-Zip: ALLENTOWN, PA 18103 US

Title: PD () Delete
Name: WALKER, JOHN E
Address: 4317 SANCTUARY WAY
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: VD () Delete
Name: WALKER, DIANE M
Address: 4317 SANCTUARY WAY
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: STD () Delete
Name: YOUNG, RODMAN D
Address: 827 W. MARKET ST.
City-St-Zip: BETHLEHEM, PA 18018 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E. WALKER

PD

04/03/2002

Electronic Signature of Signing Officer or Director

_____ Date