2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # N0000007399 1. Entity Name | | | | | FILED | | | |
|--|--|-----------------------------------|--|--|--|--|---|--|
| MANNING AVENUE HOPE, INC. | | | | | 02 OCT -7 PH 2: 26 | | | |
| Principal Pla | ice of Business | Mailing Address | | | 1 | SECRETARY TALLAHASSEE | OF STATE | |
| 2001 PALM BEACH LAKES BLVD. STE 500 W PALM BEACH FL 33409 2001 PALM BEACH LAKES BLVD. STE 500 W PALM BEACH FL 33409 | | | | 500 | , | TALLAHASSEE | E. FLORIDA | |
| 2. Principal Place of Business 3. Mailing Address Con Palm Bah Lakes Blub | | | | · | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS S | | | N THIS SPACE | |
| City & State Palm Beh FL City & State | | | ······ | **** | 4. FEI Number | 9-2690393 | . — | Applied For |
| Zip Country Zip 33409 Country Bch | | | Country | Country 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | dditional |
| | 6. Name and Address of Current f | Registered Agent | | | 7. Name and Ad | tress of New Regi | <u> </u> | - |
| | | | N | lame | xelr. | Rose | | |
| HALSTEAD, BRUCE Street Add | | | | | ess (P.O. Box Number is Not Acceptable) | | | |
| 2001 PALM BEACH LKS BLVD STE 500 W PALM BEACH FL 33409 | | | | 001 | dra Rock | Lakes | BluD | Show and |
| WINDHI | DENOTT E 00-103 | | C | ity Jack | Rolm 1 | 30h | FL Zip Co | |
| 8. The above | e named entity submits this statement for | the purpose of changing its r | egistered o | ffice or register | ed agent, or both, in | the State of Florida | | , and accept |
| SIGNATURE | tions of registered agent. | . Rose | | | | 4 | 8/19/02 | |
| | Signature, typed or printed name of registered agent as | nd title if applicable. (NOTE: | Registered Age | nt signature required | when reinstating) | • | DATE | |
| | After September 13, 2002, | 8 Florida O | naiga Fiasa | cina | A 5 0 0 | Mala | | |
| | min. will be \$236.25. | 9. Election Camp Trust Fund Co | | | \$5.00 May Be Added to Fees | | Check Payable artment of Stat | |
| | min. will be \$236.25. | Trust Fund Co | ontribution. | | Added to Fees | Depa | artment of Stat | e |
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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.

GNATURE:

SIGNATURE:

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SIGNATURE: