2003 NOT-FOR-PROFIT CORPORATION

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DOCUMENT # N00078 1. Entity Name						03 DI	EC 10 PM12:57	7	
P.A.L.S. COMMUNITY ADVISORY BOARD, INC.						SEC S	Three		
						IALLA	RETARY OF STATE HASSEE, FLORIDA		
Principa Plac	ce of Busines	s	Mailing Address				"JURIDA		
1960 LANDINGS BLVD.			1960 LANDINGS BLVD.						
SARASOTA FL	. 34231		SARASOTA FL 342	J 1					
						i (88) (189) (189) (189)			
2. Principal Place of Business			3. Mailing Address				### ##################################	ill kirlii rirlii rirli	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			OBINCHECK HERE IS MARING CHANGES			
City & State			City & State			LA FEIN White 5	9-2354722	- Api	olled For
<u>Z</u> ip	٠ ـــ	Country	Zip	Co	untry	-5Certificate of S	Status Desired		
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
Name									
CHAPNICK, SANDY					Street Address (P.O. Box Number is Not Acceptable).				
1960-LANDINGS-BLVD-SARASOTA FL 34231					700024205717 10/28/0301040009 **61.25				
4		•			City	10/59/0)301040009 	Zin Code	
							<u>FL</u>	•	
	named entity ions of registe	submits this statement for	the purpose of chan	ging its register	red office or registe	ered agent, or both, in	the State of Florida. I am	familiar with, a	and accept
tile obligati	ions of legistr	ered agent.	$1 \Omega_{\alpha}$			1 1	$\int_{-\infty}^{\infty}$	100	
SIGNATURE SQUILDELLY N. NOSS Kimberly 14. KOSS 9110 103									
	Signature, type	or printed name of registered agent at	nd title if applicable.	(NOTE: Registere	ed Agent signature require	ad when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 9. Election Camp Trust Fund Co					Financing	\$5.00 May Be	Make Check	k Payable t	to I
10.			36.25 Trust	Fund Contribut	~ —	Added to Fees	Florida Depar	tment of S	
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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: