2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# N01000000019

Entity Name: ALTAMONTE COMMUNITY ENRICHMENT PROGRAM, INC.

Current Principal Place of Business:

944 MORSE STREET
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 150006
ALTAMONTE SPRINGS, FL 32715

New Mailing Address:

FEI Number: 59-3687246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUTTS, RICHARD A
412 MONTICELLO DRIVE
ALTAMONTE SPRINGS, FL 32701 US

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: WEEKS, VALERIA
Address: 550 BIRCH COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32717

Title: D ( ) Delete
Name: HENDERSON, CHARLES
Address: 2428 COURTLAND BLVD.
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete
Name: BUTTS, RENEE'
Address: 412 MONTICELLO DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: HALL, SIMONE
Address: 64 EDGEMOND DRIVE
City-St-Zip: WINTER SPRINGS, FL 327

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: D (X) Change ( ) Addition
Name: HALL, SIMONE
Address: 64 EDGEMON AVENUE
City-St-Zip: WINTER SPRINGS, FL 32708

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: SIMONE HALL D 05/01/2002

Electronic Signature of Signing Officer or Director — Date