

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90135 040 ****70.00

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1. Entity Name

JUANITA L. HAINES CHARITABLE FOUNDATION, INC.



Principal Place of Business

**13566 RUDI LOOP
SPRING HILL FL 34609**

Mailing Address

**13566 RUDI LOOP
SPRING HILL FL 34609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3707620**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIGELOW, KRISTINE M CPA
6630 EMBASSY BLVD., STE. B
PORT RICHEY FL 34668**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Kristine M Bigelow

2/24/03

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

9. 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

TITLE **D** ☐ Delete
NAME **HAINES, RONALD G**
STREET ADDRESS **13566 RUDI LOOP**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **D** ☐ Change ☒ Addition
NAME **CARDIFF, LEONARD**
STREET ADDRESS **1389 BRIARGROVE WEST**
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **D** ☐ Delete
NAME **VANI, MICHAEL**
STREET ADDRESS **7348 HUMBOLOT AVENUE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34659**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VANI, ANITA**
STREET ADDRESS **7348 HUMBOLOT AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34659**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FERRARO, JIMMY**
STREET ADDRESS **10140 HIGHCREST LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FERRARO, DEE ETTA**
STREET ADDRESS **10140 HIGHCREST LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CARD** ☐ Delete
NAME **CAROLFT, LORRETTA** **CARDIFF, LORRETTA**
STREET ADDRESS **1389 BRIARGROVE WEST**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Edward G. HAINES **1/3/2003 352-666-0807**

CR2E037 (10/02)