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

| TALLAHASSEE FL 32917-2608 TALLAHASSEE FL 32917-2608 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State | A pplied For lot Applicable kittonal |
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| Suite, Apt. #, etc. City & State Zip Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Fee Req S. Name and Address of Current Registered Agent Name STAPELL** CHRISTINE*A 2339 WEDNESDAY ST TALLAHASSEE FL City FL Zip City City FL | pplied For lot Applicable ktitional |
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| Zip Country Zip Country S. Certificate of Status Desired \$8.75 Fee Req 6. Name and Address of Current Registered Agent - >-7.* Name and Address of New Registered Agent - Name STAPELL CHRISTINE A 2339 WEDNESDAY ST TALLAHASSEE FL City FL Zip C City FL Zip C City FL Zip C SIGNATURE Christine A Stapel C Signature byte or printed neme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 After September 10, 2003; min will be \$236.25 Trust Fund Contribution. Signature Registered Agent and Directors 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. Signature Registered Agent To Changes To | ot Applicable |
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| STAPELL CHRISTINE A 2339 WEDNESDAY ST TALLAHASSEE FL City FL Zip C 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 w the obligations of registered agent. SIGNATURE Christine A Stapel Signature Typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 After September 10, 2003; min will be \$236.25 PD OFFICERS AND DIRECTORS Trust Fund Contribution. DATE Make Check Payab Florida Department of Trust Fund Contribution. DOBERS TRUST ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME SIRET ADDRESS RATY S north Kemp Rd SIRET ADDRESS SITY-ST-ZIP PANAMA CITY FL 32404 TITLE PD Delete TITLE Delete Delete | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip C 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 we the obligations of registered agent. SIGNATURE Christine A Stapel Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agreetive required when reinstating) DATE FILE NOW: FEE IS \$61.25 After September 10, 2003; min will be \$236.25 Trust Fund Contribution. DATE FILE NOW: FEE IS \$61.25 Added to Fees Florida Department of Trust Fund Contribution. DATE TITLE NAME STREET ADDRESS GHY-ST-ZIP PANAMA CITY FL 32404 TITLE PD Delete Delete TITLE PD Changes Wew q h itchi k A; FL 32 465 TITLE Changes Wew q h itchi k A; FL 32 465 TITLE Changes Changes Trust Fund Contribution. Ch | |
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SHATUP TO THE QUITTED Shipman

SIGNATURE:

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850-747-617 Daytime Phone #

8/21/03