2003 NOT-FOR-PROFIT CORPORATION

FILED Jan 27, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # N01000001245 01-27-2003 90366 049 ****61.25 RUSSELL FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 986 DOUGLAS AVE. STE 100 986 DOUGLAS AVE. STE 100 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3700777 Applied For Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ريسيدي الموجدات STARK, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 986 DOUGLAS AVE. STE 100 **ALTAMONTE SPRINGS FL 32714** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (10/02) ☐ Delete TITI F TITLE Change ☐ Addition RUSSELL, RICHARD L NAME NAME STREET ADDRESS 74 GREENWOOD CIR STREET ADDRESS CITY-ST-ZIP **WORMLEYSBURG FL 17043**

CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition RUSSELL, LINDA H NAME NAME STREET ADDRESS 74 GREENWOOD CIR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **WORMLEYSBURG FL 17043** TITLE ☐ Delete TITLE Change ☐ Addition BALLIETT, COLORES NAME NAME STREET ADDRESS STREET ADDRESS 631 S ORLANDO AVE. STE 100 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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