

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002234

FILED
Sep 13, 2002
Secretary of State

Entity Name: ADULT AND CHILDREN ELSHADDI TALENT FOUNDATION CORPORATION

Current Principal Place of Business:

5179 CINDERLANE PKWY. #904
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

5179 CINDERLANE PKWY. #904
ORLANDO, FL 32808

New Mailing Address:

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

Name and Address of Current Registered Agent:

VANN, MESHUN T
5179 CINDERLANE PKWY. #904
ORLANDO, FL 32808

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C () Change (X) Addition
Name: NOT, APPLICABLE
Address: 1 NOWHERE
City-St-Zip: ORLANDO, FL 32809 US

Title: C () Change (X) Addition
Name: NOT, APPLICABLE
Address: 1 NOWHERE
City-St-Zip: ORLANDO, FL 32809 US

Title: C () Change (X) Addition
Name: NOT, APPLICABLE
Address: 1 NOWHERE
City-St-Zip: ORLANDO, FL 32809 US

Title: DTS () Change (X) Addition
Name: VANN, MESHUN
Address: 5179 CINDERLANE PKWY 904
City-St-Zip: ORLANDO, FL 32808 US

Title: DP () Change (X) Addition
Name: CARSON, QUENTIN
Address: 5465 HANSEL AVENUE H-11
City-St-Zip: ORLANDO, FL 32809 US

Title: D () Change (X) Addition
Name: VANN, DEMETRIUS
Address: 5179 CINDERLANE PKWY 904
City-St-Zip: ORLANDO, FL 32808 US

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: ME'SHUN T VANN

DTS

09/13/2002

Electronic Signature of Signing Officer or Director

Date