FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90098 025 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N01000002368 10042976 1. Entity Name
THE THERN FOUNDATION, INC. Principal Place of Business Mailing Address 6061 WESTBOURGH DRIVE NAPLES, FL 34112 6061 WESTBOURGH DRIVE NAPLES, FL 34112 2. Principal Place of Business 3. Malling Address TO GOV MAR & Suite Apl # etc City & State naples ---- 59-3710973 lorida Not Applicable Ζip \$8.75 Additional Fee Required 5. Certificate of Status Desired 34/03 Collier 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Ag-GOODMAN, KENNETH D 3838 TAMIAMI TRAIL NORTH STE 300 NAPLES, FL 34103 Street Address (P.O. Box Number is Not Acceptable) a. 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 the obligations of registered agent. Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW FEE IS \$61.25 Trust Fund Contribution. OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE THERN, RICHARD C NAME NAME 6061 WESTBOURGH DRIVE STREET ADDRESS STREET ADDRESS NAPLES, FL 34112 CITY-ST-ZIP CRY-ST-ZIP TITLE ☐ Delete TOLE ☐ Change ☐ Addition THERN, CONSTANCE J NAME NAME STREET ADDRESS 6061 WESTBOURGH DRIVE STREET ADORESS NAPLES, FL 34112 CITY-ST-ZP City-st-ZiP TITLE TITLE Delete ☐ Change Addition BURNS, KIMBERLY J NAME NAME #17 SPENCER VILLAGE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZP APPLETON, WI 64915 CITY-ST-ZIP 101E_ 🕳 🔲 Delete __ [] Addition BURNS, BRIAN M STREET ADDRES #17 SPENCER VILLAGE CT STREET ADDRESS CITY-ST-ZP APPLETON, WI 54915 CITY-57-21P TITLE ☐ Delete TITLE ☐ Change MALKE NALES STREET ADDRESS STREET ADDRESS City-St-2P CITY - ST - ZIP TITLE INLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CRY-SI-2P CITY-ST-2IP 12. I hereby certify that the information supplied with this filling 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 opporation or the receiver or trustee employment of execute this report as required by Chapter 617, Fordiad Statutes, and that my name appears in Block 10 or Block 10 or Block 110.