2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002923

Entity Name: THE GABRIEL CENTER INCORPORATED

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8636 WHITE ROSE DRIVE ORLANDO, FL 32818 **Current Mailing Address: New Mailing Address:** 8636 WHITE ROSE DRIVE ORLANDO, FL 32818 FEI Number: 59-3722199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARDY, JO ANN 8636 WHITE ROSE DRIVE ORLANDO, FL 32818 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition BROWN, BEATRICE D Name: Name: Address: Address: 8636 WHITE ROSE DRIVE City-St-Zip: City-St-Zip: ORLANDO, FL 32818 US () Change (X) Addition Title: Title: () Delete Name: Name: HARDY, JO ANN D Address: Address: 8636 WHITE ROSE DRIVE City-St-Zip: City-St-Zip: ORLANOD, FL 32818 US Title: () Delete Title: D/T () Change (X) Addition KENDALL, MARY D Name: Name: 4912 EASTERCIRCLE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32808 US Title: () Delete Title: P/D () Change (X) Addition Name: Name: HARDY, JO ANN P/D 8636 WHITE ROSE DRIVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32818 US Title: () Delete Title: () Change (X) Addition HARDY, CHRISTOPHER C V/D Name: Name: 8636 WHITE ROSE DRIVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32818 US Title: () Delete Title: () Change (X) Addition MORRIS, CARMEN N S/T/D Name: Name: Address: Address: 5222 N. O. BLOSSOM TRAIL APT. 105 City-St-Zip: ORLANDO, FL 32810 US City-St-Zip:

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: JO ANN HARDY P/D 04/29/2002