Jan 24, 2003 8:00 am

FILED

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

Secretary of State DOCUMENT # N0100003127 01-24-2003 90085 013 ****61.25 1. Entity Name DESOTO FUND RAISING Mailing Address Principal Place of Business 90009288 21000 A SR 64 E 21000 A SR 64 E **BRADENTON FL 34202** BRADENTON FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-1122402 City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAZEMIRO, FABRIENNE Street Address (P.O. Box Number is Not Acceptable) 21000 E S.R. **BRADENTON FL 34202** Zip Code City 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 DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete CR2E037 (10/02) TITLE TITLE ☐ Change Addition SARPPRAICONE, CAMILLE NAME NAME STREET ADDRESS STREET ADDRESS 10603 WINDING STREAM RD CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP VPD Addition TITLE ☐ Delete TITLE Change CAZEMIRO, FABIENNE NAME NAME STREET ADDRESS STREET ADDRESS 5636 SAWYER CIRCLE CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP SD TITLE ☐ Delete ☐ Change ☐ Addition FORTH, LORI F-NAME NAME STREET ADDRESS 22108 27TH AVE E STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34202** TITLE Addition ☐ Delete ☐ Change TITLE CHENOWETH, JUNE NAME NAME STREET ADDRESS 2249 17TH STREET WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P **BRADENTON FL 34-2020** ☐ Change TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 receiper 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 attachme

SIGNATURE

Carnille Sarppraicone