

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90092 001 \*\*\*511.25

DOCUMENT # **W01000006627**

1. Entity Name

**T.A.S.K.S. Foundation International, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**240 Palmetto Rd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Wauchula, FL.**

City & State

**Wauchula, FL.**

Zip

Country

**USA**

Zip

Country

**33852**

**USA**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Rose Horner**

Street Address (P.O. Box Number is Not Acceptable)

**840 S. Swinton Avenue**

**Delray Beach, FL.**

City

**Delray Bch**

**FL**

Zip Code

**33444**

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.

SIGNATURE

**Rose Horner**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5-03-02**  
DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D.</b>	<b>ROSE HORNER</b>
NAME		
STREET ADDRESS		<b>840 S. Swinton Ave.</b>
CITY-ST-ZIP		<b>Delray Bch, FL. 33444</b>
TITLE	<b>D.</b>	<b>Adina Horner</b>
NAME		
STREET ADDRESS		<b>840 S. Swinton Ave.</b>
CITY-ST-ZIP		<b>Delray Bch, FL. 33444</b>
TITLE	<b>D.</b>	<b>G. Mederos</b>
NAME		
STREET ADDRESS		<b>840 S. Swinton Avenue</b>
CITY-ST-ZIP		<b>Delray Bch, FL. 33444</b>
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**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Rose Horner**

**5-03-02** **271-2099**