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

DOCUMENT # N0100007337



FILED Feb 21, 2003 8:00 am § Secretary of State

TAMPA FRIEND OF A FRIEND ALS FOUNDATION INC.					02-21-2003 90224 008 ****/0.00			
Principal Plac 1314 CARISSA TAMPA FL 336		Mailing Address 1314 CARISSA CT. TAMPA FL 33604					-	
	Place of Business ForreStal Drive	3. Mailing Address	stal Dui	VA				
Suite, Apt.		Suite, Apt. #, etc.	. 1 <i>I</i> A		☐ CHECK HERE IF MAKING CHANGES			
City & Stat	, , ,	City & State	lorida		4. FEI Number 50	9-3755022		oplied For ot Applicable
Zip 33	625 USA	^{Zip} 33625	Country		5. Certificate of St		\$8.75 Add	
<u> </u>	6. Name and Address of Current I	Registered Agent			7. Name and Add	ress of New Registere	ed Agent	
SISSON, LARRY 218 SOUTHERN COUNTRY LANE				Street Address (P.O. Box Number is Not Acceptable)				
QUINCY FL 32351			City	6316 Forrestal Drive				
				Tam	D/I	F	Zip Cod	3/25
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.								
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SIGNATURE Dino M. Scanio 02 07 2003 Signature, typed or printed name of registryed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Cont								
	FILE NOW: FEE IS \$61.25		-		\$5.00 May Be Added to Fees		eck Payable artment of S	
10.	OFFICERS AND DIR	Trust Fund Co	-	^	Added to Fees		artment of S	State
10.	OFFICERS AND DIR	Trust Fund Co	11.	⊔ PD	Added to Fees	Florida Dep	artment of S	State
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10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR PD SCANIO, VINCENT IV 1314 CARIVDA CT.	Trust Fund Co	11. TITLE NAME STREET ADDRESS	PD DING	Added to Fees DDITIONS/CHANGI M. SCANI FORRESTAL	Florida Dep ES TO OFFICERS AND O DRIVE	DIRECTORS IN	State
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nereup 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 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

813-960-0612 SIGNATURE: