

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007693

1. Entity Name

FRIENDS OF MISSION SAN LUIS, INC.

Principal Place of Business

2020 WEST MISSION ROAD
TALLAHASSEE FL 32304

Mailing Address

2020 WEST MISSION ROAD
TALLAHASSEE FL 32304

2. Principal Place of Business

500 S. Bronough St.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

Country

32399

Leon

Country

4. FEI Number

59-3753544

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, JANET S
FLORIDA DEPARTMENT OF STATE
500 SOUTH BRONOUGH STREET
TALLAHASSEE FL 32399

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME KNETSCH, JOE PH.D
STREET ADDRESS 166 MEADOW RIDGE DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALMY, MARION
STREET ADDRESS 2345 BEE RIDGE RD STE 6
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JENKINS, ALTHEA H PH.D
STREET ADDRESS 105 DOGWOOD WAY
CITY-ST-ZIP TALLAHASSEE FL 32306-2047

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME D Patsy B. McLeod
STREET ADDRESS 500 S. Bronough St.
CITY-ST-ZIP Tallahassee, FL 32399

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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.

SIGNATURE:

SIGNATURE REQUIRED

2/21/02

488-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0061211

FILED
SECRETARY OF STATE
VISION OF CORPORATION
10f2

02 MAR 15 AM 11:59



DO NOT WRITE IN THIS SPACE

CNPPPJT4 01 RUN DATE 03/12/2002 AS OF 03/12/2002
FLAIR - CENTRAL ACCOUNTING

450000 00
PAGE 15

2052

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE
SWDN D2000505558 ADOCNO V004990

OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE
(850)245-6550

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	----- BENEFITTING DATA -----				
-----	---	---	-----	-----	ACCOUNT CODE	CF	TC	OBJECT	-----
45 10 1 000132 45200200 00 040000 00		25	4990	61.25	45 50 2 130001 45300100 00 000100 00		45		
					INVOICE # 000007693		61.25		

TRANSACTION CODE TOTAL - 25 61.25 45 61.25

TR 96

453001

21

001015

000100

ENTERED MAR 13 2002