2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0100008304 1. Entity Name RACIDOCAL ECHINDATION INC



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90209 009 ****61.25

WORCC	M FOUNDATION, INC.							
339 CORAL WAY W. 339		Mailing Address 339 CORAL WAY W. INDIALANTIC FL 32903	39 CORAL WAY W.		10003645			
2. Principa	al Place of Business	3. Mailing Address						
		or Maining Madress						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3759718 Applied For			
Zip	Country	Zip	Country		<u> </u>	\$8.75 A	Not Applicable	
 	6. Name and Address of Currer	N Bogistand & cont	u the made of a garger	5. Certificate of St	• • •	· ~~~Fee:Requi	ired -	
		it negistered Agent	Name	7. Name and Add	ress of New Registe	red Agent		
MORCO	MORCOM, W. RUSSELL							
	RAL WAY W.		Street Address (P.O. Box Number is Not Acceptable)					
INDIALA	NTIC FL 32903				-			
			City			Zip Co	ide.	
8. The above	ve named entity submits this statement ations of registered agent.	for the purpose of changing its re	agistered office or reci	internal I I I I				
the oblig	ations of registered agent.	are purpose of orkariging its to	sgistered office of fegi	istered agent, or both, in t	he State of Florida. 1	am familiar with	n, and accept	
CIONIATION								
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: 6	Registered Agent signature req			_	 -	
		(1012)	- Sistered Agent signature red	juired when reinstating)	DA	TE		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS #	N 10	
TITLE NAME	MORCOM, W. RUSSELL	☐ Delete	TITLE	-		☐ Change	☐ Addition	
STREET ADDRESS			NAME					
CITY-ST-ZIP	INDIALANTIC FL 32903		STREET ADDRESS CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE	<u> </u>				
NAME	MORCOM, EUGENIA M		NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	LACO COLLET HAT IN	أتهن تهاستات المهاات	STREET ADDRESS	المعارض المدارية المارية المعارض المارية			_	
TITLE	INDIALANTIC FL 32903		CITY-ST-ZIP					
NAME	MORCOM, BRAD A	☐ Delete	TITLE		-	Change	Addition	
STREET ADDRESS	339 CORAL WAY W.		NAME STREET ADDRESS				'	
CITY-ST-ZIP	INDIALANTIC FL 32903		CITY-ST-ZIP					
TITLE NAME	D TOOP P	☐ Delete	TITLE			Change	☐ Addition	
name Street address :	MORCOM, TODD R 339 CORAL WAY W		NAME			change	Addition	
CITY-ST-ZIP	INDIALANTIC FL 32903		STREET ADDRESS CITY-ST-ZIP				}	
TITLE		☐ Delete	TITLE					
NAME		Li Delete	NAME			☐ Change	☐ Addition	
STREET ADDRESS	•		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
ritle Name		☐ Delete	TITLE		<u>-</u>	☐ Change	Addition	
TREET ADDRESS		· ·	NAME STREET ADDRESS	•		-	1	
CITY-ST-ZIP	_	I	STREET ADDRESS CITY-ST-ZIP				}	
0 11								

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.

1.12.2003

(321) 427-3128