

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-26-2003 90142 004 ****61.25

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

DOCUMENT # N02000000892		
1. Entity Name ABOUT FACE FOUNDATION, INC.		
Principal Place of Business 12116 GREEN LEAF COURT #301 FAIRFAX, VA 22033		Mailing Address 12116 GREEN LEAF COURT #301 FAIRFAX, VA 22033
2. Principal Place of Business 132 TEAN CT Suite, Apt. #, etc. 2ND FLOOR		3. Mailing Address 132 TEAN CT Suite, Apt. #, etc. 2ND FLOOR
City & State DAYTONA BEACH, FL		City & State DAYTONA BEACH, FL
Zip 32119	County VOLUSIA	Zip 32119
4. Name and Address of Current Registered Agent TRAPP, PAUL 2448 MERCURY DRIVE COCOA, FL 32908		5. Filing Number 75-2993546
6. 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.		7. Name and Address of New Registered Agent Name TRAPP, PAUL Street Address (P.O. Box Number is Not Acceptable) 132 TEAN CT 2ND FLOOR City DAYTONA Bch FL Zip Code 32119
SIGNATURE <i>Paul Trapp</i> 21 MARCH 03		8. Certificate of Status Desired ☐ \$3.75 Additional Fee Required
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE D NAME TRAPP, PAUL G STREET ADDRESS 12116 GREEN LEAF COURT #301 CITY-STATE-ZIP FAIRFAX, VA 22033		TITLE CEO NAME TRAPP PAUL STREET ADDRESS 132 TEAN CT, 2ND FLOOR CITY-STATE-ZIP DAYTONA BEACH, FL 32119
TITLE D NAME M. DINA LEHMANN STREET ADDRESS 2526 N 10TH STREET #321 CITY-STATE-ZIP ARLINGTON, VA 22201		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE D NAME BARBER, RICKI STREET ADDRESS 6500 HAYLOFT COURT CITY-STATE-ZIP FREDERICK, MD 27301		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP 		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information included 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 hereto, an address, with all other the empowered.		
SIGNATURE: <i>Paul Trapp</i> 21 MARCH 03 767-8170		

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☐ CHECK HERE IF MAKING CHANGES

SAME PERSON;
NEW ADDRESS