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

FILED
Mar 17, 2003 8:00 am
Secretary of State
02-24-2003 90199 045 ****61.25

DOCUMENT # N02000003797

1. Entity Name
LFM FOUNDATION, INC.

Principal Place of Business	Mailing Address
316 NE 4TH ST. FT. LAUDERDALE FL 33301	316 NE 4TH ST. FT. LAUDERDALE FL 33301

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
519 NE 26th St	350 E. Las Olas Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1700
City & State Wilton Manors FLA	City & State Ft. Lauderdale FLA
Zip 33305	Zip 3330
Country USA	Country USA

4. FEI Number
30-01 286716
☐ 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
~~HOUSTON, BART A ESQ.~~ ~~316 NE 4TH ST.~~ ~~FT. LAUDERDALE FL 33301~~ 350 E. Las Olas Blvd Suite 1700 Ft. Lauderdale FLA 33305	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 1.8.2003

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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUSTON, DEBORAH S 410 SE 16TH ST. FT. LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUSTON, BART A 316 NE 4TH ST. FT. LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRD, MARY 519 NE 26TH ST. WILTON MANORS FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEATH, CAROL 519 NE 26TH ST. WILTON MANORS FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, MARGARET 2348 NW 33RD TERR. COCONUT GROVE FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOXEY, ED 5059 NE 18TH AVE. FT. LAUDERDALE FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1.8.2003

Daytime Phone #: 954.766-7833