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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2003 APR 16 PM 4:32

DOCUMENT # N02000003835

1. Entity Name
Friends of Delray Full Service Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
129 Sevilla Ave.	P. O. Box 182
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Royal Palm Beach, FL	City & State: Deerfield Beach, FL
Zip: 33407 Country: US	Zip: 33443 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 77 - 0592078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Jonathan Hilliard

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

129 Sevilla Avenue

City: Royal Palm Beach FL Zip Code: 33407

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: Jonathan Hilliard — April 1, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	PD
NAME	Jonathan Hilliard
STREET ADDRESS	3401 NW 3rd Ave, Apt. 102
CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	SD
NAME	Karen Meyer
STREET ADDRESS	1123 N. Palm Way
CITY-ST-ZIP	Lake Worth, FL 33460
TITLE	TD
NAME	Lyndon Clemons
STREET ADDRESS	129 Sevilla Avenue
CITY-ST-ZIP	Royal Palm Beach, FL 33407
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LFT 4-24-03

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan Hilliard, April 1, 2003 561-243-1569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #