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

FILED Jul 18, 2003 8:00 am Secretary of State

1. Entity Nan	MENT # NO2000	0005017		07	-07-2003 90138 026 *	****61.	25	
Principal Plac	ce of Business	Mailing Address	- 	1 .				
108 MATHE AVE. P.O. BOX 1417				}	Frai	• • • •		
INTERLACHEN FL 32148 INTERLACHEN FL 32148				55051583			3	
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2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apl. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number	4. FEI Number X Applied For Not Applica			7
Zip Country		Zip	Zip Country		5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Curre	nt Registered Agent	<u> </u>	7. Name and Addre	sa of New Registered Agent			7
	محمدی و دادد امو وزی د و همای		Name	• • • • • • • • • • • • • • • • • • • 	المرج مندا فالمرجوع الدنجار		2.11	7.
MATHE, JOHN J JR. 106 MATHE AVE.			Street Address	(P.O. Box Number is No				7
	CHEN FL 32148	•						-{
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OFFICIAL PROPERTY.							4
			City		FL ⁴	p Code		
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or registe	red agent, or both, in th	e State of Florida, I am familia	r with, an	d accept	7
tile conga	A A	10 A	•					1
SIGNATURE.	margaret y	Middle						
	Signature, typed or printed name of registered age	ant and title if applicable. (NOT	E: Registered Agent signature require	whan reinstating)	DATE			
FILE NOW: FEE IS \$61.25 9. Election Cam Trust Fund C			mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Pay Florida Departmen			
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	PS IN 10)	1_
TITLE	President mother in	Delete	TITLE			hange (] Addition	CR2E037 (10/02
NAME STREET ADDRESS	John J. Mathe, Jr. POBOX 1417	NAME . STREET ADDRESS					\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CITY-ST-ZIP	Interlachen, FL 30	148	CITY-ST-ZIP					18
TITLE	Secretary	1 □ Celeta	TITLE			vange [Addition	Ę
NAME	margaret. J. Mathe	ţ	NAME					1
STREET ADDRESS CITY-ST-ZIP	POBOX 1417 Interlachen, FL 321	48	STREET ADDRESS CITY-ST-ZIP					1
TITLE	1	Delete	TITLE			lanne F	Addition	1
NAME	Jusan Fabian 6159 Lake Swan		NAME		الإن ال <mark>كالمنط</mark> ة إن المنطقة المنابعة والمنابعة المنابعة المنابعة المنابعة المنابعة المنابعة المنابعة المنابعة الم			1
STREET ADDRESS CITY-ST-ZIP	6159 Lake Susan		STREET ADDRESS					{
			CITY-ST-ZIP				T A defici-	}
TITLE NAME	Treasurer Susan Fabian 6159 Little Lake Gen	Delete	TITLE		□ α	ange (Addition	}
STREET ADDRESS	615A Little Lake Gen	era Rd	STREET ADDRESS					
CITY-ST-ZIP	Keystone Heights F	<u>- [</u>	CITY-ST-ZIP					j
MILE		☐ Delete	TITLE			ange [Addition]
NAME Street Adoress			NAME STREET ADDRESS					}
CITY-ST-ZIP			CITY-ST-ZIP					
MILE	 	☐ Detete	TITLE			ange [Addition	1
NAME			NAME					
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•				
	certify that the information supplied wi	th this filing does not qualify for	L L .	ction 119 07/20/0 Elected	a Statutae 1 fuethar as estimate	the infe	mation]
01110001	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	bounded to everage may report	ny signature shall have the sas required by Chapter 617.	same legal effect as if m Florida Statutes; and the	ade under oath; that I am an c nat my name appears in Block	fficer or o	lirector ck 11 if	