

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000007162

FILED
Feb 16, 2003
Secretary of State

Entity Name: SYLVIA'S FOUNDATION, INC.

Current Principal Place of Business:

166-A MARINE ST.
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

PO BOX 2087
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 32-0035460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, VIC
166-A MARINE ST.
ST. AUGUSTINE, FL 32084

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Change (X) Addition
Name: JOHNSON, VIC
Address: 166-A MARINE ST.
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: S/D () Change (X) Addition
Name: JOHNSON, JOEL J
Address: 4515 CAROLYN COVE LANE S.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Change (X) Addition
Name: SCOTT, MARTHA F
Address: 516 SE 40TH AVE
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIC JOHNSON

PRES

02/16/2003

Electronic Signature of Signing Officer or Director

_____ Date