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

Feb 07, 2003 8:00 am Secretary of State DOCUMENT # N02000007866 1. Entity Name 02-07-2003 90047 016 ****61.25 SOUTHWEST FLORIDA CELEBRATION 2003. INC. Principal Place of Business Mailing Address 223 WEST OAK STREET 223 WEST OAK STREET ARCADIA FL 34266 ARCADIA FL 34266 22004869 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 5 4 -Applied For 2078220 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAND, TED W Street Address (P.O. Box Number is Not Acceptable) 223 WEST OAK STREET ARCADIA FL 34266 City 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 stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition JOHNSON, ROOSEVELT NAME NAME STREET ADDRESS 712 SOUTH MONROE AVE. STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition KIRKPATRICK, JUDY... NAME NAME 3057 SE LOVEJOY STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP arcadia FL 34266 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition LAND, TED W NAME NAME STREET ADDRESS 810 WEST IMOGENE STREET STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chanoe ☐ Addition HILL, KATHRINE NAME NAME STREET ADDRESS 3288 N.E. APPALOOSA STREET STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. Thereby 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1/30/02863494-443

FILED