FILED Aug 25, 2003 8:00 am Secretary of State

08-25-2003 90109 007 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N02000007945 1. Entity Name
ST. MATTHEW'S CHARITABLE FOUNDATION, INC. Principal Place of Business Mailing Address 205 HIGHLAND AVE 205 HIGHLAND AVE VALPARAISO, FL 32580 VALPARAISO, FL 32580 2. Principal Place of Business 1005 W College Blad Suite, Apl. 4, etc. CHECK HERE IF MAKING CHANGES Suite A 4. FEI Number Applied For Not Applicable Countr 8. Certificate of Status Desired OKGlossa OKa 1001a 7. Name and Address of New Registered Agent HARRIS MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 205 HIGHLAND AVE VALPARAISO, FL 32580 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 (NOTE: Revisiered Agent signalure aggired when revisions) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of/State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TALE ☐ Change DILE To De lette HARRIS, MICHAEL A MAME NAME 205 HIGHLAND AVE STREET ADDRESS STREET ADDRESS VALPARAISO, FL 32580 CITY-\$1-21P CITY-ST-ZIP TITLE BILE Change ☐ Addition SWARTZENDRUBER, GA;EM L P NAME HAME STREET ADDRESS 1921 WALDOMERE ST STREET ADDRESS CITY-ST-ZP SARASOTA, FL 32239 CITY-ST-ZIP Delete าสเร ☐ Change Addition TITLE THORNTON, JERRY W MANA NAME STREET ADDRESS 1750 W BRADDWAY STREET ADDRESS OVIEDO, FL . 32765___ CHY-SI-ZP CAY-51-21P. 11116 Delete THE OWENS, B D NAME 13676 LAKE PT DR SOUTH STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33762 C/TY-\$1-212 CITY-ST-ZP TITLE ☐ Delete JULE Addition PRINGLE, JAMES HAME NAME 20 OLD GREAT FALLS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZP WINDHAM, ME 04062 CITY-S1-21P 1016 ☐ Change ☐ Addition 1016 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-2IP CITY-ST-2P 12. I hereby certify that the information supplied with this filling 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 circetty of the corporation or the receiver of 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 or an antachment with an address, with present a proposered. SKINATURE AND TYPED OR PRINTED NAME OF REMANS OFFICER OR DIRECTOR SIGNATURE: _

Attachment

St. Matthew's Charitable Foundation, Inc. 1005 W College Blvd, Suite A Niceville, FL 32578 850-678-1225 \$6140494 NO2000007945

August 21, 2003

Uniform Business Report Divisions of Corporations P O Box 1500 Tallahassee, FL 32302-1500-

RE: Document # N02000007945

Dear Sir or Madam:

Please find enclosed the Uniform Business Report (UBR) for the above mentioned entity, along with the filing fee of \$61.25.

We respectfully request that any late filing fees be waived. We did not receive the UBR in the mail, and this is our first filing. We were able to go online to print out the UBR enclosed. We are now aware of our filing responsibilities and will file timely in the future.

We thank you in advance for your consideration in this matter. If you have any questions please feel free to contact Darlene Burke at 850-678-1225.

Sincerely,

Michael A. Harris, M.D.

Chairman