FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90048 006 ****61.25

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

DOCUMENT # N02000009324

1. Entity Name
GOODCENTS FOUNDATION, INC.

Principal Place of Business	Mailing Address
555 S. FEDERAL HWY. STE. 400 BOCA RATON, FL 33432	555 S. FEDERAL HWY. STE. 400 BOCA RATON, FL 33432

2. Principal Place of Business	3. Mailing Address
2921 New York St.	PO Box 701
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach FL	City & State: Palm Beach FL
Zip: 33406 County: Palm Beach	Zip: 33480 County: Palm Beach

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SALYER, JR., JAY C 555 S. FEDERAL HWY. STE. 400 BOCA RATON, FL 33432	Name: Elizabeth Howard Street Address (P.O. Box Number is Not Acceptable): 2921 New York Street City: West Palm Beach FL Zip: 33406

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: Elizabeth Howard DATE: 04/30/03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

FILING FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, ELIZABETH 213 PARK AVE PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUMI, BONNIE 100 ROYAL CARIBBEAN WAY MIAMI, FL 33130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABBOTT, WILLIAM 3240 PLYMOUTH ROCK DR DOUGLASVILLE, GA 30135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Howard 04/30/03 561/252-8612
(SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR) (Date) (Daytime Phone #)