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

FILED DOCUMENT # N0200009713 03 MAY -2 PM 2: 09 FATHERS SUPPORTING FATHERS (FSF) WITH A VISION I NC. SECRETATAL OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1425 NORTH ORANGE BLOSSOM TR P.O. BOX 1374 APOPKA FL 32712 ZELLWOOD FL 32798 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For <u>65 1164977</u> Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REYNOLDS, RODNEY V Street Address (P.O. Box Number is Not Acceptable) 2248 OKADA COURT ORLANDO FL 32818 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, at both John State of Floridation with, and accept the obligations of registered agent. 05/02/03--01091--033 **61.25 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (10/02) Addition TITLE ☐ Delete TITLE REYNOLDS NAME NAME RODNEY 2248 Okada Ct STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ando. 37818 ☐ Delete TITLE Addition A TITLE Change NAME NAME üLiUS 8. Gordon STREET ADDRESS STREET ADDRESS West Hammon DR. CITY-ST-ZIP CITY-ST-ZIP OPKO FLY TITLE ☐ Delete TİTLE ☐ Change Addition chael NAME NAME 710 North 441 (10. Bux 67) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Wood FL 32798 TITLE ☐ Delete TITLE Change ★ Addition NAME NAME 235 Fast 13th St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1808Ka FL 37703 TITLE TITLE ☐ Change ☐ Addition ☐ Delete 100017915641 05/02/03--01091--033 **61 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 add

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SIGNATURE:

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