
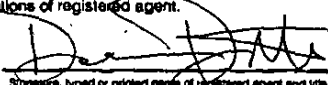



FILED
May 05, 2003 8:00 am
Secretary of State

04-18-2003 90133 025 ****61.25

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

DOCUMENT # N02000009775					
1. Entity Name NIFAN CHARITY CORPORATION					
Principal Place of Business 1985 PENNSYLVANIA AVE. ENGLEWOOD FL 34224		Mailing Address 1985 PENNSYLVANIA AVE. ENGLEWOOD FL 34224			
2. Principal Place of Business 1985 PENNSYLVANIA AVE Suite, Apt. #, etc.		3. Mailing Address 1985 PENNSYLVANIA AVE Suite, Apt. #, etc.			
City & State ENGLEWOOD - FL		City & State ENGLEWOOD - FL		4. FEI Number 92.0181974	
Zip 34224		Country U.S.A		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DITTMER, DALE D. 1985 PENNSYLVANIA AVE. ENGLEWOOD FL 34224			7. Name and Address of New Registered Agent Name DALE D. DITTMER Street Address (P.O. Box Number is Not Acceptable) 1985 PENNSYLVANIA AVE City ENGLEWOOD FL Zip Code 34224		
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: Registered Agent signature required when reappointing)		DATE 5/02/03	
FILE NOW: FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PST DITTMER, DALE D 1985 PENNSYLVANIA AVE ENGLEWOOD FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DITTMER DALE D 1985 PENNSYLVANIA AVE ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATLANDER, JOHN 1985 PENNSYLVANIA AVE ENGLEWOOD FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATLANDER JOHN, E. 1985 PENNSYLVANIA AVE. ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGINA HYSONG T 228 Redwood VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGINA HYSONG 228 REDWOOD VENICE, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: 		DATE DALE D. DITTMER 03/17/2003 941.697.3459			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

00010011

00010011



CHECK HERE IF MAKING CHANGES

CPRE007 (10/02)