2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am DOCUMENT # NO4574 Secretary of State 1. Entity Name HONEYWORD FOUNDATION, INC. 02-27-2001 90362 038 ****61.25 Principal Place of Business Mailing Address 3921 TOPSAIL DRIVE P.O. BOX 25189 923863 COLORADO SPRINGS CO 80936-5189 COLORADO SPRINGS CO 80918 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2447387 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 Street Address (P.O. Box Number is Not Acceptable) COOPER, EMMETT 2204 EXMOOR ROAD **TAMPA FL 33629** Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be -FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS VST TITLE TITLE Addition ☐ Delete D Change COOPER, LEA M. NAME NAME JIM HARPER DRIVE STREET ADDRESS 3921 TOPSAIL DRIVE STREET ADDRESS 2581 ORCHARD KNOB CITY-ST-ZIP COLORADO SPRINGS CO 80918 CITY-ST-7IP ATLANTA, GA 30339 TITLE ☐ Delete TITLE Change ☐ Addition COOPER, LEA M. NAME NAME STREET ADDRESS 3921 TOPSAIL DRIVE. --STREET ADDRESS CITY-ST-ZIP COLORADO SPRINGS CO 80918 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME COOPER, EMMETT A. STREET ADDRESS 3921 TOPSAIL DRIVE STREET ADDRESS CITY-ST-ZIP COLORADO SPRINGS CO 80918 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME COOPER, EMMETT A. NAME STREET ADDRESS 3921 TOPSAIL DRIVE STREET ADDRESS CITY-ST-ZIP COLORADO SPRINGS CO 80918 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ANDERSON, JIM NAME STREET ADDRESS 1815 CRAIG ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AURORA NE 68803** TITLE D ☐ Change Addition ☐ Delete TITLE NAME EMINETH, GARY NAME STREET ADDRESS STREET ADDRESS 8142 EAST GRAY ROAD CITY-ST-7IP CITY-ST-ZIP SCOTTSDALE AZ 85260 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 last expowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01 719-599-92