

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 8:00 am
Secretary of State

03-23-2007 90005 026 ****61.25

| | | | | | |
|--|---------------------------------|--|---|--|--|
| DOCUMENT # N06000008687 1. Entity Name UNKA GRIZZ FOUNDATION INC. | | | | | |
| Principal Place of Business 2362 ALCLOBE CIRCLE OCOE, FL 34761 US | | | Mailing Address 2362 ALCLOBE CIRCLE OCOE, FL 34761 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 56-2648412 | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BIZUB, CAROL A 2362 ALCLOBE CIRCLE OCOE, FL 34761 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u><i>Carol A. Bizub</i></u> <small>Signature, typed or printed name of registered agent and the applicable.</small> </div> <div style="width: 40%; text-align: right;"> <u>3/19/07</u> <small>DATE</small> </div> </div> | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2007 | | 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 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| | | | JEAN V. Bizub - P 1414 SWEDE Hill Rd. GREENSBURG, PA 15601 | Pres. | |
| | | | CAROL A. Bizub - T, S 2362 ALCLOBE CIR. OCOE, FL 34761 | Treas & Sec. | |
| | | | BARBARA J. Bizub - VP 1414 Swede hill Rd. GREENSBURG, PA 15601 | VPRES. | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Carol A. Bizub</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>3/19/07</u> 321-945-2362 <small>Date Daytime Phone #</small> | | |

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