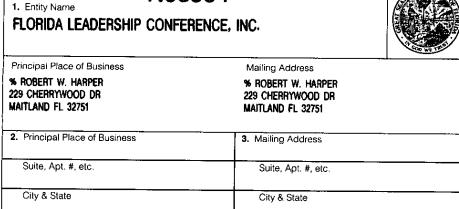
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N06904



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90122 046 ****61.25

Oringia - LC											
Principal Place of Business % ROBERT W. HARPER 229 CHERRYWOOD DR MAITLAND FL 32751			Mailing Address ** ROBERT W. HARPER 229 CHERRYWOOD DR MAITLAND FL 32751				1881656 51				
2. Principal	Place of Busine	3. Mailing Addre	Mailing Address								
Suite, Apt	t. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-2502000 Applied For				
Zip Country			Zip		Country		5. Certificate of	Status Desired		8.75 Ac	
	6. Name	and Address of Current	Registered Agent			J	7. Name and Ac	Idress of New Re		ee Require	30
HARPER, ROBERT W. 229 CHERRYWOOD DR. MAITLAND FL 32751					Name Street A	address (P	O. Box Number is				
					City					Zip Cod	
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											
	Signature, typed o	printed name of registered agent	and title if applicable.	(NOTE: Regist	ered Agent signat	ure required w	when reinstating)		DATE		
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Cor					US.00 May Be Mai			ke Check Payable to a Department of State			
10.		OFFICERS AND DIF	ECTORS	1	1.	ΑI	DDITIONS/CHANG	FES TO OFFICER:	S AND DIRE	CTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HARPER, R 229 CHERR MAITLAND	OBERT W. YWOOD DR.	□ De	elete TI NA S1	TLE AME TREET ADDRESS ITY-ST-ZIP	, ,		300 TO OTT TOOT!		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA HARPER, S 508 CENTR APOPKA FL	AL AVENUE	□ De	N/ S1	TLE Ame Treet address Ty-St-Zip		·		С] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brooks, K 5888 Sadli Zellwood	er Rd.	□ De	NA ST	TLE AME REET ADDRESS TY-ST-ZIP				Г] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIPPY, THE 22904 COU ASTATULA	NTY ROAD 561	☐ De	NA ST	TLE AME REET ADDRESS TY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dei	NA STI	TLE ME REET ADDRESS TY-ST-ZIP			, v. st.] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	optific that the		□ Del	NA ST] Change	Addition

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 chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if