

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

1821000

The seal of the State of Florida is circular. It features a central scene with a palm tree, a ship, and a figure. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

**CHARLES W. CLAYTON FAMILY FOUNDATION, INC.**

**Mailing Address**  
**1190 NORTH PARK AVENUE**  
**WINTER PARK FL 32789**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

Applied For	
-------------	--

Not Applicable
----------------

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

 Delete

☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☒ Change    ☐ Addition☐ Change      ☐ Addition☐ Change      ☐ Addition☐ Change    ☐ Addition☐ Change      ☐ Addition☐ Change    ☐ Addition

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 address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE OF UNIT PRESIDENT OR UNIT AGENCY SIGNING OFFICER OR DIRECTOR**

10

Display # 3856 #

CR2E037 (4/03)