

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90321 006 ****61.25

DOCUMENT # N17645

1. Entity Name

FUN WORLD CLOWN ALLEY, INC.



Principal Place of Business

**REFORMATION LUTHER CHURCH
830 MICHIGAN AVENUE
ORLANDO FL 32806**

Mailing Address

**8708 BLACK CREEK BLVD.
ORLANDO FL 32829**

10015094



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2764173**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAINE HENRY HENRY
8708 BLACK CREEK BLVD.
ORLANDO FL 32829**

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

Blaine Henry

1-24-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **PD** ☒ Delete
NAME **WENDELL, OUTER**
STREET ADDRESS **1112 WEST SEAGATE DRIVE**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **PD** ☒ Change ☐ Addition
NAME **Ives, Tackelyn**
STREET ADDRESS **11243 Bonwit Court**
CITY-ST-ZIP **Orlando FL 32837**

TITLE **VD** ☒ Delete
NAME **CAROL, MEYER**
STREET ADDRESS **1164 GALLAHAD**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **BLAINE, HENRY**
STREET ADDRESS **8708 BLACK CREEK BLVD**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE **SD** ☒ Change ☐ Addition
NAME **GARY, ELLA**
STREET ADDRESS **11558 KENLEY Circle**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **TD** ☒ Delete
NAME **BLAINE, HENRY**
STREET ADDRESS **8701 BLACK CREEK BLVD.**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE **TD** ☒ Change ☐ Addition
NAME **HENRY, Blaine**
STREET ADDRESS **8708 BLACK CREEK BLVD**
CITY-ST-ZIP **Orlando FL 32829**

TITLE **PPD** ☒ Delete
NAME **JOHNSON, ROBERT**
STREET ADDRESS **P.O. BOX 160142**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32716**

TITLE **PPD** ☒ Change ☐ Addition
NAME **OUTER, WENDELL**
STREET ADDRESS **1112 WEST SEAGATE DR**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Blaine Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03 407737-6849

CR2E037 (10/02)