2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State **DOCUMENT # N20108** 1. Entity Name W.M. LYNN/GRACE FISHINGER MEMORIAL ANIMAL FUND. 05-27-2002 90464 025 ****61.25 INC. Principal Place of Business Mailing Address 110 WEBER STREET 110 WEBER STREET ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2832527 Not Applicable Country 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 Name Street Address (P.O. Box Number is Not Acceptable) LYNN, DAVID L. 110 WEBER STREET ORLANDO FL 32803 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. M SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change ☐ Addition CR2E037 (9/01 LYNN, DAVID L. NAME NAME STREET ADDRESS 110 WEBER STREET STREET ADDRESS CITY-ST-7IP Orlando fl CITY-ST-ZIP STD TITLE Delete TITLE Change ☐ Addition FISHINGER, NANCY NAME NAME 1509 MINNESOTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ORMOND, POWERS NAME NAME STREET ADDRESS 1147 WESTERN WAY STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attach

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

David L. Lynn

4/30/02: