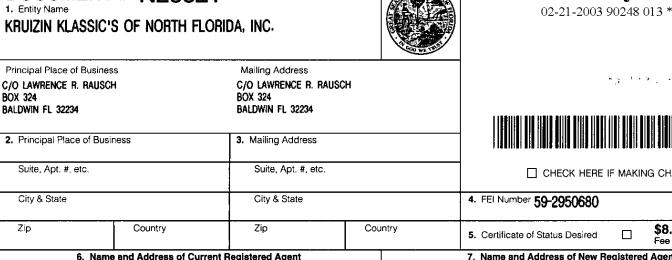
## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N26621**



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90248 013 \*\*\*\*61.25



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAUSCH, LAWRENCE R. Street Address (P.O. Box Number is Not Acceptable) 712 SOUTH EDGEWOOD AVENUE JACKSONVILLE FL 32205 City 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.

9. Election Campaign Financing

Trust Fund Contribution.

SIGNATURE

FILE NOW: FEE IS \$61.25

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

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

DATE

Fee Required

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Delete ☐ Change ☐ Addition TITLE TITLE MILLER, GAIL NAME 2759 WOODCHUCK PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BALDWIN FL 32234 CITY-ST-ZIP ٧D TITLE Delete TITLE ☐ Change ☐ Addition ABRAMSON, FRANK NAME NAME STREET ADDRESS 7146 ALTAMA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32216 TITLE ☐ Delete TITLE ☐ Change ■ Addition ROYAL, MARTHA NAME NAME 9828 FORD RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRYCEVILLE FL 32009 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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: Y/ Talk

ARtho J. Royal

904-633-6167