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

DOCUMENT # N28029



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90599 022 ****61.25

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THE CLA	n mac arthur society, inc).						
Principal Pla	ce of Business	Mailing Address		<u> </u>	1			
		Mailing Address			90007479			
6105 11TH AVENUE MERIDIAN MS 39305-1220		6105 11TH AVENUE MERIDIAN MS 39305-1220		•.				
US	3333 7223	US						
2. Principal I	Place of Business	3. Mailing Address	-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 54-1195760 Applied For Not Applicable				
Zip	Country	Zip	Cot	untry	5. Certificate of State	us Desired	\$8.75 Add Fee Require	ditional d
	6. Name and Address of Current R	egistered Agent				ss of New Registered		
and the second of the second o				Name				
	SCHEL, CHRISTINE			Street Address ((P.O. Box Number is Not Acceptable)			
	JDUBON DR				_ 			
BHOOKS	VILLE FL 34601							
				City		FL	Zip Code	e
8. The above	named entity submits this statement for t	he purpose of changing its	register	ed office or register	red agent, or both, in the	e State of Florida. I am t	amiliar with,	and accept
the obliga	tions of registered agent.		,					
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SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E: Registere	ed Agent signature required	d when reinstating)	DATE		
نفئ		· —						
	FILE NOW: FEE 18 \$61.25	9. Election Car	npaign F	inancing	\$5.00 May Be	Make Check	Payable	to
4	FILE NOW. FEE 15 301.25	Trust Fund (Contributi	ion.	Added to Fees	Florida Depar		
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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:

1-8-03 601-693-1100