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

DOCUMENT # N29803

1. Entity Name

TERRELL CLARK FAMILY FOUNDATION, INC.

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FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90442 025 ****61.25

TEMPLEE OF AMILE FOOR DATION, INC.							
Principal Place of Business Mailing Address C/O LES SMOUT					I (22/22/18/22/18/20/24/18/28/18/18/18/18/18/18/18/18/18/18/18/18/18		
rincipal Place of Business 3. Mailing Address) 313 1 53)
t, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
	City & State		4. FEI Number 65.	4. FEI Number 65-0118632			
Country	Zip	Zip Country		5. Certificate of Star		\$8.75 Add	ditional
6. Name and Address of Current	Registered Agent ~			7. √Name and Addre		'	
	nogletored rigent		Name	THE COURT OF THE C		·9•···	
SMOUT, LES			Street Address (P.O. Box Number is Not Acceptable)				
TER FL 33765							
· ·			City	FL Zip Code			le
named entity submits this statement fo ons of registered agent.	or the purpose of changing its	registered	office or register	red agent, or both, in th	ne State of Florida. I am t	familiar with,	and accept
Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered A	gent signature required	d when reinstating)	DATE		
FILE NUME FEE IN ADDIZO			n.	\$5.00 May Be Added to Fees	Florida Depar	tment of S	State
	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIF	RECTORS IN	1 10
D Clark, Terrell 100 North Starcrest Clearwater Fl	☐ Delete		I .			☐ Change	☐ Addition
D Clark, Joseph W. 100 North Starcrest Clearwater Fl	☐ Delete]			☐ Change	☐ Addition
TD SMOUT, LES 100 NORTH STARCREST CLEARWATER FL	□ Delete			# * *	The second se	Change	☐ Addition
	☐ Delete					☐ Change	☐ Addition
	☐ Delete		II.			☐ Change	Addition
	☐ Delete	CITY-ST	r-ZIP			Change	Addition
	TARCREST L 33765 ace of Business A, etc. Country 6. Name and Address of Current ES H STARCREST TER FL 33765 mamed entity submits this statement for one of registered agent. Signature, typed or printed name of registered agent ILE NOW: FEE IS \$61.25 OFFICERS AND DID CLARK, TERRELL 100 NORTH STARCREST CLEARWATER FL D CLARK, JOSEPH W. 100 NORTH STARCREST CLEARWATER FL TD SMOUT, LES 100 NORTH STARCREST CLEARWATER FL TD SMOUT, LES 100 NORTH STARCREST CLEARWATER FL	TRICREST L 33765 C/O LES SMOUT 100 NORTH STARCREST CLEARWATER FL 33758 US ace of Business 3. Mailing Address A, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent- ES H STARCREST TER FL 33765 TER FL 33765 Paramed entity submits this statement for the purpose of changing its one of registered agent. Clark the purpose of changing its one of registered agent and title if applicable. (NOT) ILE NOW: FEE IS \$61.25 DECLARK, TERRELL 100 NORTH STARCREST CLEARWATER FL DC CLARK, JOSEPH W. 100 NORTH STARCREST CLEARWATER FL TD DELete Delete Delete Delete Delete	C/O LES SMOUT INCREST L 33765 CLEARWATER FL 33758 US COUNTRY CLEARWATER FL 33758 US COUNTRY COUNTRY CITY & State COUNTRY COUNTRY CITY & State COUNTRY COUNTRY COUNTRY CITY & State COUNTRY COUNTRY COUNTRY COUNTRY CITY & State COUNTRY COUNTRY CITY & State COUNTRY COUNTRY COUNTRY CITY & State COUNTRY COUNTRY CITY & State COUNTRY COUNTR	TARCREST LOONORTH STARCREST CLEARWATER FL STORE IS \$61.25 COUNTRY Clay & State Country Zip Country Zip Country Zip Country City & State City & State City & State City & State Street Address of City ent Registered Agent Name Street Address of City TER FL 33765 City Tamed entity submits this statement for the purpose of changing its registered office or registe ons of registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office or registe ons of registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office or registe ons of registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office or registe ons of registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office or registe ons of registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office or registe ons of registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office or registe ons of registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office or registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office or registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office or registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office or registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office or registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office or registered agent. NOTE: Registered Agent signature require in the purpose of changing its registered office	ROREST L 37/85 C/O LES SMOLT VIO NORTH STARCREST CLEARWATER FL 337/95 US Suite, Apr. #, etc. Cliy & State 4. FEI Number 65 City & State 4. FEI Number 65 Country Zip Country 5. Certificate of State Cliy & State Country 5. Certificate of State Cliy & Sta	TO COUNTY COUNTY To North STARGEST CLEARWATER FL 33758 US Size of Business 3. Mailing Address Clearwater FL 33758 US Country 7/p Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered J. Name 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered J. Name 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered J. Name 8. Stroot Address (P.O. Box Number is Not Acceptable) 1. Stroot Address (P.O. Box Number is Not Accepta	TO C/O LES SAUDT TO NORTH STARCREST OLEARWATER FL 33758 US acc of Business

1. 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 of 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:

TOSE RECUITMENSURA

2.28.03

(727) 461-1524