SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State Jul 08 1996 8:00 am DIVISION OF CORPORATIONS 1996 Secretary of State N31558 (2) DOCUMENT # CAMBRIDGE FOUNDATION, INC. Mailing Address Principal Place of Business 2203 N LOIS AVE 2203 N LOIS AVE #1100 #1100 TAMPA FL 33607 **TAMPA FL 33607** 3a. Date of Last Report 3. Date Incorporated or Qualified 08/10/1995 04/06/1989 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2953365)Cipress St Not Applicable 5820-B W Cypress St 5820-B \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation has liability for intaggible tax under s. 199.032, Country Country Yes ☐ No Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AFIELD, WALTER E. Number is Not Acceptal 2203 N. LOIS AVE. 83 SUITE 1100 **TAMPA FL 33607** 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of paction 617.0503, Florida Statutes.

SIGNATURE (NOTE Registered Agent signature required when reinstating) applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AND DIRECTORS 13. 12. Change Addition DELETE President 1.1 TITLE TITLE Provenzano DELOS RIAS, ALEIDA 1.2 NAME NAME 9006 Hickory Cr 14911 AIRE PLACE 13 STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE pjas, Jesus 2.2 NAME ROJAS, JESUS NAME 317 WEST ST. 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33602** 2 4 CITY-ST-ZIP Tampa CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE Annette Gonzalez 3.2 NAME PROVENZANO, JUANA NAME 5524 SW 115TH LUC 9006 HICKORY CIR. 3.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ★ Addition DELETE 4.1 TITLE TITLE Fernandez 4. 2 NAME BROWNING, H. PRENTICE NAME 317WWest St 4.3 STREET ADDRESS **632 EMERALD LANE** STREET ADDRESS 33602 HOLMES BEACH FL 34217 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition **X** DELETE 51 TITLE TITLE Arthur Jason 5314 Horthdale Blud 5.2 NAME **GUY, CHARLIE** NAME 4935 NEW PROVIDENCE AVE. 5.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33629** 5.4 CITY - ST - ZIP CITY-ST-ZIP **Addition** Change DELETE 61 TITLE TITLE Christopher J. Berger 3810 San Rafael 6.2 NAME NAME 3810 **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Ri Guiri D

0011763

SIGNATURE: