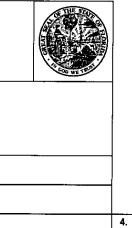
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33369

1. Entity Name

THE SAINT LUCIA ISLAND FOUNDATION, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90152 038 ****61.25

Principal Place of Business 3500 W BAY HARBOR DR IA IIAMI FL 33154 JS		Mailing Address 9500 W BAY HARBOR DR 4A MIAMI FL 33154 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0160126			pplied For
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Ad	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Addre	ess of New Registered A	ee Require	eu
KENDRICK, DENNIS P. 9500 W. BAY HARBOR DR., 4-A MIAMI FL 33154		مان موسور و موسور المراد المرا	Name Street Address	(P.O. Box Number is Not Acceptable)			
			City	<u> </u>		Zip Cod	e
The above	e named entity submits this statement	for the second of the second of		 	FL	1 '	
BIGNATURE	Signature, typed or printed name of registered age		E: Registered Agent signature required part of the property of	\$5.00 May Be Added to Fees	Make Check Florida Departi	Payable	to State
0.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIR	ECTORS IN	110
ITLE Ame Treet Address ITY-ST-ZIP	PD KENDRICK, DENNIS P. 9500 W. BAY HARBOR DR 4A MIAMI FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 DOMOTO/OF INTOLE		Change	☐ Addition
ITLE Ame Treet address ITY-ST-ZIP	TD MCMANUS, F. SHIELDS 5910 SW FORREST GLADE TRA HOBE SOUND FL 33455	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TLE AME TREET ADDRESS ITY-ST-ZIP	CD FELIX, KELVIN ARCHDIOCESE OF CASTRIES, I ST LUCIA, W. INDIES	□ Delete PO_BOX_267	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
tle Ame Treet address TY-ST-ZIP	VPD JOHN, EMILY, PH.D 505 SHERIDAN ST., #3E EVANSTON IL 60202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TLE AME REET ADDRESS TY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TLE		☐ Delete	TITLE		<u></u>	Change	Addition

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: