2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003
Secretary of State

DOCUMENT# N40287

Entity Name: THE FLORIDA ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION, DANCE AND DRIVER EDUCATION, INC.

Current Principal Place of Business:

4123 CREEKBLUFF DR.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

4123 CREEKBLUFF DR.
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-6141926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SISCO, JAMES G
4123 CREEKBLUFF DR.
ST.AUGUSTINE, FL 32086

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DTSM ( ) Delete
Name: SISCO, CAROL P
Address: 4123 CREEKBLUFF DRIVE
City-St-Zip: ST.AUGUSTINE, FL 32086

Title: DPC ( ) Delete
Name: BOWIE, LORILYNN
Address: 1001 SW 12TH STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: DV ( ) Delete
Name: JACKSON, JR, NEWTON E DR.
Address: 2626 EAST PARK AVENUE #6201
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP ( ) Delete
Name: POWERS DAY, LADONNA
Address: 5976 MOORS OAKS DRIVE
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DPC (X) Change ( ) Addition
Name: DAY, LADONNA P
Address: 5976 MOORS OAKS DRIVE
City-St-Zip: MILTON, FL 32583

Title: D (X) Change ( ) Addition
Name: JACKSON, JR, NEWTON E DR.
Address: 2626 EAST PARK AVENUE #6201
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP (X) Change ( ) Addition
Name: YONGUE, WILLIAM DR.
Address: 12012 NW 13TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL SISCO MRS. 04/02/2003

Electronic Signature of Signing Officer or Director — Date