NOT-FOR-PROFIT CORPORATION

Jul 27, 2005 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT #N 42165 07-27-2005 90046 032 ****66.25 1. Entity Name ake Joanna Improvement League 00.60x 1381 Eustis 91.3272 DO NOT WRITE IN THIS SPACE 50057886 2. Principal Place of Business Mailing Address 4.0. BOX 1381 Eustis Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3140059 City & State Applied For City & State FL. Enstis ustis Not Applicable Country HS A ^{Zip} 3まっまし \$8.75 Additional 5. Certificate of Status Desired 3 λ λ λ Lake Fee Required 7. Name and Address of Current Registered Agent Bradner DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 33616 Wesley Zip Code 8. 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. I am familiar with, and accept SIGNATURE 1 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Initial or Amended UBR Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE President NAME NAME 3326 E. Lake Joannes Dr. STREET ADDRESS STREET ADDRESS Eustis R. 32736 CITY-ST-ZIP CITY-ST-ZIP V-President TITLE TITLE Louis Lugheac NAME NAME 33639 Wesley P.D. Eustis Pr. 32736 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 5 tere Looby Sece 33350 F. Lake Join, A Dr. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE FINSTIS R. 32736 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Michael Brudner IN THIS SPACE Treasurer NAME NAME P.O. BOX 1381 STREET ADDRESS STREET ADDRESS Euslis R 32727 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with alipther l

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED