FILED

4/28/03

437-5559

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

SIGNATURE:

Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGE City & State City & State City & State 4. FEI Number 65-0949324 Fee Required Country 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name HENKE, CAROL J Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES 15. ADDITIONS/CHANGES 15. ADDITIONS/CHANGES 15. ADDITIONS/CHANGES			
Suite, Apt. #, etc. City & State Country 8. Certificate of Status Desired \$8.75 A Fee Required Agent \$8.75 A Fee Required			
City & State Country S. Certificate of Status Desired \$8.75 A Fee Requiration \$8.75 A Fe			
Zip Country Zip Country S. Certificate of Status Desired S8.75 A Fee Required Agent 7. Name and Address of New Registered Agent 8.8.75 A Fee Required S13-4 PRESIDENTIAL COURT FORT MYERS FL 33919 City FL Zip Country FORT MYERS FL 33919 City FL Zip Country FL Registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinitiating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing S5.00 May Be Added to Fees Florida Department of Trust Fund Contribution. Added to Fees Florida Department of Plorida Department of Change STREET ADDRESS STREET			
Signature Sign	pplied For ot Applicable		
HENKE, CAROL J 6213-4 PRESIDENTIAL COURT FORT MYERS FL 33919 City FL Zip Co 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 the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. DATE FILE NOW: FEE IS \$61.25 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 TITLE SD Delete BARTLETT, K. T. STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 TITLE SD Delete FT MYERS FL 33908 TITLE NAME STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 TITLE SD Delete TITLE SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 TITLE SD Delete TITLE SD Delete TITLE SD Delete TITLE SD DELET STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 TITLE SD Delete TITLE SD DELET STREET ADDRESS CITY-ST-ZIP TO DELET STREET ADDRESS CITY-ST-ZIP TITLE SD DELET STREET ADDRESS CITY-ST-ZIP TITLE SD DELET STREET ADDRESS CITY-ST-ZIP TITLE SD DELET STREET ADDRESS CITY-ST-ZIP TITLE Change Change STREET ADDRESS CITY-ST-ZIP TITLE Change Change Change STREET ADDRESS CITY-ST-ZIP TITLE Change Change Change STREET ADDRESS CITY-ST-ZIP TITLE Change C	ditional		
HENKE, CAROL J 6213-4 PRESIDENTIAL COURT FORT MYERS FL 33919 City FL Zip Co Added to Fees Make Check Payable Florida Department of City St City FL Zip Co City FL			
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 the obligations of registered agent. SIGNATURE Signature	; (P.O. Box Number is Not Acceptable)		
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 the obligations of registered agent. SIGNATURE Signature Title Ti	le		
Trust Fund Contribution. Added to Fees Florida Department of 10. OFFICERS AND DIRECTORS TITLE TD NAME BOYLE, UNDA STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 Delete TITLE BARTLETT, K. T. STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 Delete TITLE BARTLETT, K. T. STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete Delete TITLE Delete TITLE Delete Delete			
TITLE TD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 TITLE SD Delete TITLE SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP FOR MAME STREET ADDRESS CITY-ST-ZIP FOR MAME STREET ADDRESS CITY-ST-ZIP FOR MAME STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 TITLE PD Delete TITLE CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CAMPE CITY-ST-ZIP CAMPE CITY-ST-ZIP CAMPE CITY-ST-ZIP CAMPE CITY-ST-ZIP CHANGE CHANGE CITY-ST-ZIP CHANGE CHANGE CITY-ST-ZIP CHANGE CHANGE CITY-ST-ZIP CHANGE			
NAME STREET ADDRESS 14411 PINE ULLY DR. CITY-ST-ZIP FT MYERS FL 33908 CITY-ST-ZIP BARTLETT, K. T. NAME STREET ADDRESS 14451 PINE ULLY DR CITY-ST-ZIP FT MYERS FL 33908 CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE CHANGE CHANGE CITY-ST-ZIP CHANGE CHA			
NAME BARTLETT, K. T. NAME STREET ADDRESS 14451 PINE ULY DR STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 CITY-ST-ZIP US/U1/U3U10/1010 ***61.2 TITLE PD Delete TITLE TITLE	Addition		
TITLE PD Delete TITLE Change	☐ Addition		
NAME ATKINSON, PAUL NAME STREET ADDRESS CITY-ST-ZIP ATKINSON, PAUL STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	Addition		
TITLE Delete TITLE VP Change NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE VP Change Chan	Addition		
TITLE Delete TITLE Change NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST	Addition		
TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 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 indicated on this report or supplemental report is five and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office of the corporation or the regeiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 changed, or on an attachment with an address, with all other like empowered.	Addition		