NOT-FOR-PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR)

FILE 06-18-2003 90020 009 *****61.25

SECRETARY OF STATE N49515

DIVISION OF CORPORE A A STATE N45 03 JUN 23 PM 12: 18 DOCUMENT # United States Fellowship of Florida DO NOT WRITE IN THIS SPACE 1320 Coco Plum 1320 Co∞ Plum Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0350843 Marethon, FL. Marathon, FL. Not Applicable Zip 33050 Country Country 33050 \$8.75 Additional 5. Certificate of Status Desired U.S. U.S . 7. Name and Address of Current Registered Agent **Gary Boyd Lowe** DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1320 Coco Plum Marathon. 33050 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 the obligations of registered agent. 6/7/03 **Gary Lowe Administrative Director** (NOTE: Registered Agent structure teculred when reinstation) 9. Election Campaign Financing \$5.00 May Be initial or Amended UBR Trust Fund Contribution. OFFICERS AND DIRECTORS MLE mie P, Robert McNally NAME 135 Coco Plum # 4 D STREET ADDRESS STREET ANDWARD Marathon, FL 33050 COTY-ST-ZIP CITY ST-70 ! TITLE पाप 🕏 V/P, Sherry Read 1509 Patricia Street STREET ADDRESS Key West, FL 33050 CITY-\$1-20 TITLE T; Josh Mothner NAME 872 64th St. Ocean STREET ADDRESS DO NOT WRITE Marethon, FL. 33050 CITY-ST-ZIP CITY 51-20 uneIN THIS SPACE S, Beverty Goldner MANE 1500 Atlantic Blvd., #405 STREET ADDRES STREET ADDRESS Key West, FL. 33040 CSTY-ST-ZIP CTTY - ST - 211 ante d TITLE Nelson Read NAME 1509 Patriacia Street STREET AUDITES STREET ADDRESS Key West, FL. 33040 CITY-SY-ZIP Chris Rossbach NAME NAME 135 Coco Plum #4B STREET ADDRESS Marathon, FL 33050 CTY-S1-7P

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Floride 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 tegal effect as if made under cath; 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 on an

SIGNATURE:

305-742-4363

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

DOCUMENT# 1/495/5) 1. Entity Name United States Fellowship of Florida					86124592			
DO NOT WRITE IN THIS SPACE								
1320 Coco Plum		3. Mailing Address 1320 Coco Plur	1320 Co∞ Plum			:		
Suite, Apt, #, ctc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Marathon, FL.		City & State Marathon, FL.			4. FEI Number	65-0350843	Applied For Not Applicable	
33050	0 Country Zip 33050		Country U.S.		5. Certificate of Status Deskerl \$8.75 Additional Fee Required			
en e en e	TO THE REST OF THE REST		********** -			ress of Current Registe	ered Agent	
DO NOT WRITE				Gary	Boyd Lowe (P.O. Box Number is Not Acceptable)			
	IN THIS SI		-	1320 Coco				
			STATE SECTION	City Maratho			Zip Code 33050	
	e named entity submits this statement f	or the purpose of changing						
SIGNATURE Signature, typed or physicians of registered agent as fire troppicable. (NOTE: Projections of Agent algulitate required when Petrostatry) DATE								
FEE IS \$61:25 B. Election Campaign Financing Trust Fund Contribution. State Of State Sta								
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, Helen Gerbracht 2325 Seidenberg Key'West, FL. 33040	RECTORS	TITLE MALE: STREET A CITY ST	The state of the s		9	CR2E0378 (12/02)	
TITLE NAME STREET ADDRESS CITY-ST-77P			TILE NAME STREET A CITY_ST	and the second			CR2E	
NAME STREET ADDRESS CITY-ST-7IP		<u> </u>	៤៣/ ទា	DBRESS 70°	Clarate Manager 1988 Control	NOT WR	A STATE OF THE PARTY OF THE PAR	
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NAME STREET ADDRESS CITY-ST-7IP			TITLE NAME STREET A Caty st	10.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			HAME STATET A COY-ST	化电影电影 医多种性性				
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 ceth; that I am an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutos; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TIPED ON PRINTED HANG OF SIGNING OFFICER ON DIRECTOR 107 100 100 100 100 100 100 100 100 100								