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

DOCUMENT # N93000002355

1. Entity Name

BULLMOOSE HONOR SOCIETY CHARITABLE FOUNDATION, I NC.



FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90157 049 ****61.25

NC.			To the Lot	7				
70 CARILLON	ce of Business I PKWY SBURG FL 33716	Mailing Address PO BOX 5068 CLEARWATER FL 33758	3OX 5068		*************************************			
2. Principal F	Place of Business	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI, Number 59-3210604 Applied For Not Applied For			
Zip Country		Zip	Country	5. Certificate of Statu	5. Certificate of Status Desired \$8.75 Additional Fee Required			1
	6. Name and Address of Current	Registered Agent		7. Name and Addres	ss of New Registered	Agent		1
570 CAR	ANLETR Marlow, Ke ALLON PKWY ETERSBURG FL 33716	nneth w.	Name Street Addre	ss (P.O. Box Number is Not	Acceptable)			1
			City		FL Zip Code			
SIGNATURE .	Signature, typed or printed name of registered agent a		TE: Registered Agent signature rec		DATE			
	FILE NOW: FEE IS \$61.25		mpaign Financing Contribution.	\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND D	DIRECTORS IN	10]
TITLE NAME Street address City-St-Zip	D FERRARA, V R 611 DRUID RD, SUITE 105 CLEARWATER FL 34616	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	00/04/2001
TITLE NAME Street address City-St-Zip	D WISER, RONALD B 1532 LONG RD KALAMAZOO MI 49008	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR, STANLEY R 570 CARILLON PKWY SAINT PETERSBURG FL 33716	Delete	NAME STREET ADDRESS	Sec/Treasure Kenneth w. M. 70 Canillon Po Peters bury, neuron	an low	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADBERRY, EDWIN JR 2551 RADSTOCK RD MIDLOTHIAN VA 23113	Delete	NAME Be	neuron NJAMIN RUCKER NO MERCANTILE L Ango, MD. 20	Ane Suite :	□ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME L STREET ADDRESS /	irector isa Boyer 02 E. MAINS rColA, IL.	61910	☐ Change	Addition Addition	
TTLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		- 1	☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 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 all other like empowered.

SIGNATURE:

HAE REVIKES MONd Evons

3/27/03

727-441-9022