NOT-FOR-PROFIT CORPORATION

SIGNATURE

UN	ILOUM BOSINE		(ODN)	The state of the s	
DOCUMI 1. Entity Name A Jacks C	ENT # N 93-000 Holy Spirit Mi In Ville Floric	000 25 87 inistries 0 da, Enc.	F	OHOCT -8 AN CORELASSEE	36 57016A
.D(O NOT WRITE	IN THIS SP	ACE	GEORE PROSEE TALLANIA 	
2. Principal Place 1/57 Roy Suite, Apt. #, e	naine air West	3. Mäiling Address 11.57 R.D.D.D.D. Suite, Apt. #, etc.	e cir. West	10/12/0401035(A.
Scity & State Salk Gon V	ille Florida	City & State OCK SONVILLE Zip	Floride	4. FEI Number 59-319 047 3 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
			US17	7. Name and Address of Current Ro	Fee Required
i.	na kan kan di Barana da kan di Barana da Kanara da kan di Barana da kan da kan da kan da kan da kan da kan da Kan jawa da Kan da Kanara da k		Name/7	7. Marie and Address of Current Ri	egistered Agent
DO NOT MUITE LIGHT MILE JOINES					
25.00		10 15	- Street Address	(P.O. Box Number is Not Acceptable)	
	IN THIS SPA	ACE	7/57	Romaine cir	20/2-4
			City // 6	NOTHIATTIC IN	Zio Code
			Jacks	onville,	FL 33325
8. The above nar	med entity submits this statement for to sof registered agent.	the purpose of changing its r	egistered office or registe	ered agent, or both, in the state of Floric	da. I am familiar with, and accept
the obligations	, or ognicion agoni.	. /)		<i>i</i> - <i>I</i>	
SIGNATURE	rature, typod offinities name of registered agent on	d title il applicable (NOTE:	Pregistered Agent signature require	od when reinstating)	DATE DATE
	FEE IS \$61.25 Itial or Amended UBR	9. Election Cam Trust Fund Co			a Check Payable to Department of State
10.	OFFICERS AND DIRE	CTORS	mr.		$\widehat{\mathbf{Q}}$
TITLE A	resdent / PUST		TIFLE .	e Principal de la company de la company Company de la company de l	(12/02)
STREET ADDRESS	harly Mac	JOILES	STREET ADDRESS		8
CITY-ST-ZIP	57 Romaine Ciru. U.	ax. H. 3222	CITY-ST-ZIP		037
TITLE !\	TiPP- President	- 	TITLE		CR2E037B
NAME	Milton B. Jones.		NAME		Ō
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TITLE T	boilbure	J. J. J. J	TITLE		
NAME	dessa S. Will	ains	NAME		
STREET ADDRESS	10233 Ribault Gi	r:	street address :	TOO NOT	VDITE
CITY-ST-ZIP	acksonville F	1. 3220 8	CITY-ST-ZIP		
	pecter	/	TITLE	IN THIS S	PACE
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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 occupied or intrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.