FILED May 28, 2002 8:00 am Secretary of State

2002	ONIFORM	POSINESS VEL	ODI IOD

DOCUMENT # **N93000004455** 1. Entity Name 05-06-2002 90003 030 ****70.00 FAIRWAY SOCIAL ORGANIZATION, INC. Malling Address Principal Place of Business 1100 S BELCHER RD 1100 S BELCHER RD 30691 LARGO FL-91011- 3377 / LARGO FL 94841-3377/ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2028861 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O. Box Number EMINETH, DEANNA B 1100 S BELCHER RD #681 **LARGO FL 33771** 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. SIGNATURE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. PRESIDENT D (9/01) Change ☐ Addition TITLE **⊠** Delete TITLE BLYTHE, MARY 1100 BELCHER ROAS LOT438 NAME NEAL, LEE NAME 1100 S BELCHER RD STE 35 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ILL PRESIDENT D **Change** VPD Delete TITLE TITLE BLACKMON, TIM ROS LOT 382 PERKINS, JAMES NAME NAME STREET ADDRESS 1100 S BELCHER RD STE 157 STREET ADDRESS ARGOFL 39771 CITY-ST-ZIP CITY-ST-7/P LARGO FL 33771 SECRETARY D DYCHAM YOSER JOYCE TO S-LOT 145 Change Delete TITLE TITLE: NAME SMITH, JANET. NAME. STREET ADDRESS 1100 S BELCHER RD STE 157 STREET ADDRESS FL 33771 CITY-ST-ZIP ARGO. CITY-ST-ZIP LARGO FL 33771 Change ☐ Addition Delete TITLE TITLE ST. JEAN, CAROL 100738 CHER ROS LOT 303 EMINETH, DEANNA B NAME NAME STREET ADDRESS 1100 S BELCHER RD STE 157 STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZiP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME 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 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 an address, with all other like empowered.

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