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

S/GNATURE 14EO

SIGNATURE:

DOCUMENT # N9300005803 1. Entity Name FILED PWFCID, INCORPORATED 03 MAR -4 PM 4: 20 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 2666 SHANNON STREET 2666 SHANNON STREET ORANGE PARK FL 32965 ORANGE PARK FL 32965 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3290602 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TINNEY, MATTHEW JR Street Address (P.O. Box Number is Not Acceptable) 1048 ENNISON ST **GREEN COVE SPRINGS FL 32043** City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition AWINE, PATRICK NAME 100014085571 STREET ADDRESS 2624 SHOPRSBURG COURT 03/14/03--01034--019 **61.25 STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAMPSHIRE, FELECIA NAME STREET ADDRESS 508 FRANKLIN ST STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change HENRY, MICHAEL NAME NAME STREET ADDRESS 703 MILL ST STREET ADDRESS CITY-ST-ZIP **GREEN COVE SPRINGS FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition **BATTLES, CHARLES** NAME NAME STREET ADDRESS 407 PALM ST STREET ADDRESS CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROOSEVELT, PAIGE NAME NAME STREET ADDRESS 2666 SHANNON ST. STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32065** CITY-ST-ZIP PDTITLE ☐ Delete TITLE Change ☐ Addition HAMPSHIRE, CLARENCE NAME NAME STREET ADDRESS **508 FRANKLIN STREET** STREET ADDRESS CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** 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 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 the address, with all other like empowered.