2003 NOT-FOR-PROFIT CORPORATION

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PALM HARBOR FL 34683

PALM HARBOR FL 34683

HORNER, DAVID D JR

122 CARLYLE DRIVE

PARKER, BETH ANN

FILED UNIFORM BUSINESS REPORT (UBR) Jan 16, 2003 8:00 am Secretary of State DOCUMENT # N9400003220 01-16-2003 90135 007 ****75 00 THE OWSLEY FOUNDATION, INC. Principal Place of Business Mailing Address PALM HARBOR PALM HARBOR 122 CARLYLE DR 122 CARLYLE DR PALM HARBOR FL 34683 PALM HARBOR FL 34683 US Principal Place of B Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3252540 Applied For lot Applicable Zip Country Zip Country Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OWSLEY, R. G REV. Street Address (P.O. Box Number is Not Acceptable) 122 CARLYLE DRIVE PALM HARBOR FL 34683 Zip Code 8. Me above named entity submits the obligations of registered gen is 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 SIGNATURE Signature, typed or printed name of registe 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 Make Check Payable to av Re Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **PSD** TITLE Delete TITLE ☐ Change ☐ Addition OWSLEY, R. G REV. NAME 122 CARLYLE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition OWSLEY, ESTHER A NAME NAME STREET ADDRESS 122 CARLYLE DRIVE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP TITLE Delete 'Change' ☐ Addition MERRON, ESTHER G NAME STREET ADDRESS 122 CARLYLE DRIVE

STREET ADDRESS 122 CARLYLE DRIVE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Change

☐ Addition

☐ Addition

CITY-ST-ZIP

NAME

TITLE

NAME

☐ Delete

☐ Delete

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 red to execute this report as required by Cl changed, or on an att