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

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

1. Entity Name MINUTEMEN FOUNDATION IN		
Principal Place of Business 0014 BROWNWOOD AVE DRLANDO FL 32825-6622	Mailing Address 10014 BROWNWOOD AVE ORLANDO FL 32825-6622	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

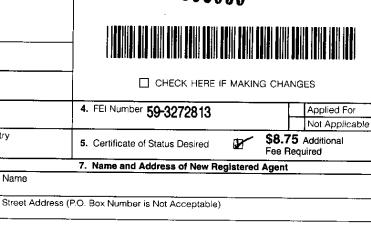
City & State

Zip

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90432 019 ****70.00

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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. I am familiar with, and accept the obligations of registered agent.

9. Election Campaign Financing

Country

Name

FILE NOW: FEE IS \$61.25

City & State

BUSH, TRAVIS D

10014 BROWNWOOD AVE ORLANDO FL 32825-6622

Zip

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

Make Check Payable to

DATE

Zip Code

Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUSH, TRAVIS D NAME NAME STREET ADDRESS 10014 BROWNWOOD AVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825-6622 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUSH, EVELYN H NAME NAME STREET ADDRESS 10014 BROWNWOOD AVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825-6622 CITY-ST-ZIP VTD ☐ Delete ☐ Change Addition MOORE, RICHARD C STREET ADDRESS 1995 DIPOL CTWY STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP ☐ Delete - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.