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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIS

SIGNATURE:

9/12/2003-90097-012-\$61.25-\$61.25 DOCUMENT # N9400005182 1. Entity Name 03 OCT -3 AM 8:20 WORLD LIBERTY FOUNDATION INC. SECRETARY OF STATE FALLAHASSEE FLORIDA Principal Place of Business Mailing Address 4777 GABRIELLA LANE P.O. BOX 159 OVIEDO FL 32765 GOLDENROO FL 32773 2. Principal Place of Business 3. Mailing Address THE MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. . City & State City & State 4. FEI Number 59-3291992 Not Applicable Zip Country 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 ABBOTT- WILLIAM H----Street Address (P.O. Box Number is Not Acceptable) **4777 GABRIELLA LANE OVIEDO FL 32765** City Zip Code 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 SIGNATO (NOTE: Registered Agent signature required when reinstating) **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DC TITLE Delete TITLE Change ☐ Addition ABBOTT, WILLIAM H NAME NAME **4777 GABRIELLA LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OVIEDO FL 32765** CITY-ST-ZIP Addition TITLE Delete TITLE **Change** Grace Baker SUTTON, DAVID NAME 10 Linda Road -50 479 N DIXE AVE. PO BOX 1868 STREET ADDRESS STREET ADDRESS Okeechbee, Fl 34974 TITUSVILLE PL 32781 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition MANNING, DELORSE Ralph-Baker-NAME NAME 721-22ND \$1==== 10 Linda Road -50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORKÁNDO FI. 32805 CITY-ST-ZIP Okeechbee, Fl 34974 TITLE Delete TITLE Change Addition SUTTON, JOY NAME NAME STREET ADDRESS 479 N DIXIE AVE STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32796 CITY-ST-ZIP IIII E Delete TITLE ☐ Change ☐ Addition 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 12. I hereby certify that the information supplied with this filling 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.

21 10/6