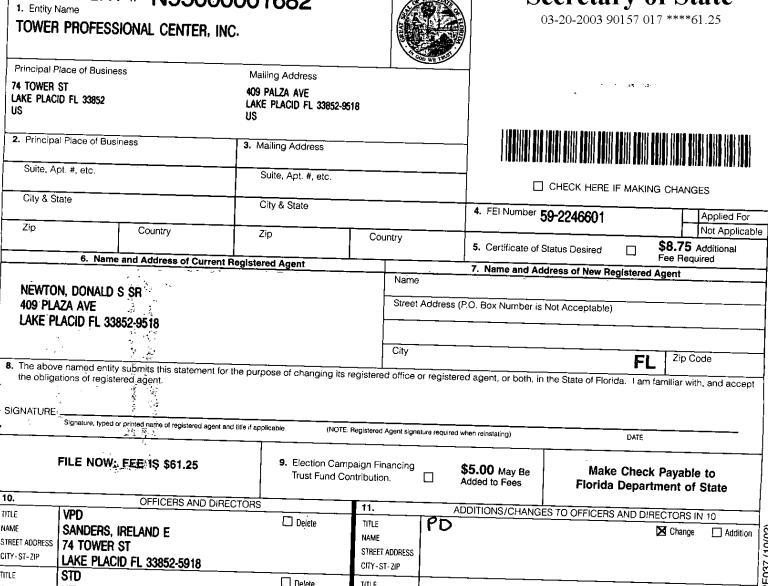
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR DOCUMENT # N9500001682



FILED Mar 20, 2003 8:00 am Secretary of State



NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE NAME NEWTON, DONALD S SR ☐ Change ☐ Addition NAME STREET ADDRESS 409 PLAZA AVE STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852-5918 CITY-ST-ZIP == TITLE PD Delete NAME POLLARD, CAROL Change Change ☐ Addition NAME POLLARD, GENE 60 TOWER STREET STREET ADDRESS **60 TOWER STREET** STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852-9518 CITY-ST-7IP PLACID FL -9518 TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition 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 the corporation 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 the corporation of the corporation of 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

SIGNATURE