2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # N95000003122

Entity Name

Filington House ACLF, Inc.

Filington House ACLF, Inc.

FILED
00 APR 31 AM 11:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
3 Moody Rd Palatka, FL 32177	PO Box 2611 Palatka, FL 32178 US

Amended UBR

Principal Place of Business	3. Mailing Address
Street Address, Apt. #, etc.	PO Box 466 Suite, Apt. #, etc.
City & State	City & State: Palatka, FL
32178 / Country: US	Zip: 32178 / Country: US

4. FEI Number: 59-3326525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Penny J. Powers 203 Moody Rd Palatka, FL 32177	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

400003472944--8
-11/21/00--01079--013
*****61.25 *****61.25

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
P/D Penny J. Powers 203 South Moody Rd Palatka, FL 32177 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP S/D DELETE Kay Burton 203B Moody Rd Palatka, FL 32177 ☐ Change ☒ Addition
S/D Tonya Sims 203 South Moody Rd Palatka, FL 32177 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP S/T/D Barbara A. Hebert 203 South Moody Rd Palatka, Fl 32177 ☐ Change ☒ Addition
T/D Wanda M. Stumbo 203 South Moody Rd Palatka, FL 32177 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D Tonya Sims 203 South Moody Rd Palatka, Fl 32177 ☐ Change ☒ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition KE

CR2E037 (9/99)

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.

SIGNATURE: Penny J. Powers 7-1-00 904/328-0657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Penny J. Powers