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

DOCUMENT # N9500003122

1. Entity Name

ARLINGTON HOUSE ACLF, INC.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90136 043 ****70.00

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Principal Place of Business Mailin				ng Address							
			PALAT	O BOX 466 ALATKA FL 32178 IS			4 14 8 11 16 16 16 16	A RECUIRE DE LEGAL BURG DE CENTRA DE CONTRA DE			
2. Principal Place of Business 3. Ma			Mailing Address								
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			С	City & State			4. FEI Number 59-3326525 Applied For Not Applicable]
Zip Country			Zi	Zip		untry	5. Certificate of St	atus Desired	\$8.75 Add	ditional	1
6. Name and Address of Current Registere				ed Agent	<u> </u>		7. Name and Add	ress of New Registered			1-
,					•	Name					1
POWERS, PENNY J 203 MOODY RD PALATKA FL 32177						Street Address (P.O. Box Number is Not Acceptable)					-
PALATRA	. FL 32111					City		FL	Zip Cod	le	
8. The above the obligation	e named entity tions of registe	submits this statement for red agent.	or the purp	pose of changing its	register	ed office or regi	stered agent, or both, in	the State of Florida. I am	familiar with,	and accept	1
SIGNATURE											
	Signature, typed o	r printed name of registered agen	t and title if ap	plicable. (NOTI	E: Registere	ed Agent signature req	quired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Chec Florida Depar				
10. OFFICERS AND DIRECTORS					11.		ADDITIONS/CHANG	ES TO OFFICERS AND DI	IDECTODS IN	110	ł
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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:

1/8/03 386-328-0657