2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2002 8:00 AM
Secretary of State

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Entity Name: HEALTH FOUNTAINE COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

19 WEST HALLANDALE BLVD.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

19 WEST HALLANDALE BLVD.
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0722324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INWANG, GLORY P
19B HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AJAO, TAJUDEEN
Address: 19 WEST HALLANDALE BLVD.
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: INWANG, ENO V
Address: 20941 NE 25 COURT
City-St-Zip: N. MIAMI BEACH, FL 33180

Title: D ( ) Delete
Name: INWANG, GLORY P
Address: 19 WEST HALLANDALE BLVD.
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Delete
Name: AJAO, RUKAYAT T
Address: 19 WEST HALLANDALE BLVD.
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BALOGUN, OLUFEMI
Address: 2490 CENTERGATE DRIVE #102
City-St-Zip: MIRAMAR, FL 33025

Title: D (X) Change ( ) Addition
Name: INWANG, GLORY P
Address: 2490 CENTERGATE DRIVE #102
City-St-Zip: MIRAMAR, FL 33025

Title: D (X) Change ( ) Addition
Name: INWANG, JOSEPH P
Address: 877 NE 195 STREET
City-St-Zip: MIAMI, FL 33179

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GI D 03/16/2002

Electronic Signature of Signing Officer or Director — Date