2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 24, 2002 8:00 am § Secretary of State DOCUMENT # N9600003427 TATE HIGH SCHOOL CHEER ASSOCIATION, INC. 05-24-2002 90555 036 ****61.25 Principal Place of Business Mailing Address 3292 COPPER RIDGE CIRCLE P.O. BOX 665 CANTONMENT FL 32533 GONZALEZ FL 32560 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Canton ment Applied For 59-3398640 Not Applicable Zip Country 32533 \$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 Donna J. Ward Street Address (P.O. Box Number is Not Acceptable) ELLIOTT, MARY E 3292 COPPER RIDGE CIRCLE Cotterpillar CANTONMENT FL 32533 ^z32533 Canton ment 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. Donna J. Ward 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE (9/01 Change ☐ Addition NAME MANNING, KATHY NAME STREET ADDRESS 3265 COPPER RIDGE CIRCLE STREET ADDRESS CITY-ST-ZIP CANTONMENT FL 32533 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME Stafford, rae NAME STREET ADDRESS 2246 BOBWHITE LANE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32534~ CITY-ST-ZIP = = TITLE TD Delete TITLE TD ☐ Change X Addition ELLIOTT, MARY NAME Donna J. Ward NAME 943 Caterpillar Lane STREET ADDRESS 3292 COPPER RIDGE CIRCLE STREET ADDRESS CITY-ST-ZIP CANTONMENT FL 32533 CITY-ST-ZIE Canton ment *3*4533 SD TITLE Delete TITLE 5D ☐ Change **X**Addition NAME Smith, Karen yvelle McLellan NAME STREET ADDRESS 11584 DUELING OAKS DRIVE STREET ADDRESS 5307 Durney CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP 32533 ☐ Defete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 potentials are required by Chapter 617. RECOOMRACT. Ward

856)937-7113

SIGNATURE: