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

## DOCUMENT # N9600003487

1. Entity Name



**FILED** Apr 04, 2003 8:00 am Secretary of State 04-04-2003 90149 021 \*\*\*\*70.00

6. Name and Address of Current Registered Agent  FISHER, JOHN  FISHER, JOHN  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent.  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  9. Execution Campaign Financing Trust Fund Contribution.  FISHER, JOHN  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME  FIRSTER JOHN  STREET ADDRESS  1011-S1-2P  TITLE  D	IVIO CLIVIII I	KINDRED ASATRU OF FLORID	JA, INC.				
Suite, Apt #, etc.   CHECK HERE IF MAXING CHANGES    COV & State   COV & C	1300 US HWY	98 W	4300 US HIGHWAY 98 WEST				
Applied for Not Applied for No			3. Mailing Address				
S. Name and Address of Current Registered Agent  FISHER, JOHN FISHER,	Suite, Apt.	#, etc. N/A	Suite, Apt. #, etc.		□ сн	ECK HERE IF MAKING CHAN	IGES
Sk. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The Address o				stproof	4. FEI Number 65-0	0683692	Applied For Not Applicable
Name   Steet Address (P.O. Box Number is Not Acceptable)	7in	Country	33843	<u> </u>	<u> </u>	Fee Re	
Street Address (F.O. Box Number is Not Acceptable)  Street Address (F.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  Added to Fee Florida Department of State  10. CFRICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME FISHER, JOHN TISHER, JOHN TIS			·····	Nome			
### City		JOHN					
SIGNATURE    Signature, typed or private name of registered agent and tide if applicable.				City		FL Zip	) Code
FILE NOW: FEE IS \$61.25  P. Election Campaign Financing St. Added to Feee Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE PST HISHER, JOHN STREET ADDRESS 13 JOUISUANA AVE STREET ADDRESS 13 LOUISUANA AVE STREET ADDRESS 14 LOUISUANA AVE STREET ADDRESS 15 LOUIS STREET	the obligati	ions of registered agent.	he purpose of changing its re	egistered office or regis	stered agent, or both, in the	e State of Florida. I am familiar	with, and accept
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   PST   PST-APP   TITLE   TITLE   TITLE   TITLE   TITLE    NAME   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS    CITY-ST-2P   TITLE   TITLE   TITLE    NAME   STREET ADDRESS    CITY-ST-2P   TITLE   TITLE   TITLE    NAME   STREET ADDRESS    CITY-ST-2P   TITLE   TITLE    NAME   STREET ADDRESS    CITY-ST-2P   TITLE   TITLE    NAME   STREET ADDRESS    CITY-ST-2P    TITLE   Oelefe   TITLE    NAME   STREET ADDRESS    CITY-ST-2P    CITY-ST-2P    TITLE   Oelefe   TITLE    NAME    STREET ADDRESS    CITY-ST-2P			d title if applicable. (NOTE: F	Registered Agent signature req	uired when reinstating)	DATE	}
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FISHER, JOHN 430 US HIGHWAY. 98 WEST FROSTPROOF FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  WADE, FRANCES 13 LOUISUANA AVE STREET ADDRESS CITY-ST-ZIP TITLE D BUCK, DAVID STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	RS IN 10
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP ST CLOUD FL 34769  BUCK, DAVID STREET ADDRESS CITY-ST-ZIP TITLE BUCK, DAVID STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME .		☐ Delete	TITLE		∏ Cha	ange 🔲 Addition
TITLE DBUCK, DAVID STREET ADDRESS CITY-ST-ZIP FROSTPROOF FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		4300 US HIGHWAY 98 WEST	, -·	STREET ADDRESS			ange 🗖 Addition
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12. I hereby certify that the information supplied with this filling 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.

R. FISHER 4-1-03