2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N96000004973** May 01, 2000 8:00 am Secretary of State 1. Entity Name FRIENDS OF THE WESTERN COMMUNITIES CENTER FOR TH 05-01-2000 90418 036 ****70.00 Principal Place of Business Mailing Address 13860-12 WELLINGTON TRACE 12797 FOREST HILL BLVD. WELLINGTON FL 33414 WELLINGTON FL 33414-8500 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0695796 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ZANGEN, ALAN 1200 CORPORATE CENTER WAY, #201 **WELLINGTON FL 33414** City Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VALERIE MCKINLEY Addition ☐ Delete TITLE TITLE NAME NAME BOYNTON, BENJAMIN G 1530 GRANTHAM IL STREET ADDRESS STREET ADDRESS 12797 FOREST HILL BLVD CITY-ST-ZIP WELLINGTON EN 33414 CITY-ST-ZIP WELLINGTON FL 33414 [] Change ☐ Addition ☐ Delete TITLE BEBBIE WELKY MILES TITLE PD NAME PALENSCHAT, DICK NAME 14120 TEROMA DR ELETE STREET ADDRESS STREET ADDRESS 1530 GRANTHAM DRIVE WELLING FON FL 33414 CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 BOB BICHALDSON Addition ☐ Change TITLE VSD ✓ Delete TITLE 12850 FOLEST Hu Bus NAME MILES, MARK NAME STREET ADDRESS STREET ADDRESS 66618 14120 TECOMA DRIVE Wellington for 33412 CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 KANYL SILVER [] Change Addition TITLE TD ☐ Delete TITLE NAME NAME PURCELL, JIM 11881 JONAIN DE STREET ADDRESS 880 CEDAR COVE DRIVE STREET ADDRESS WELLINGtien Fr 33412 CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 TITLE Change Addition Delete TITLE MADIE WISE MILLER NAME DILLON, JUDITH 12230 Forest 1411 Block STREET ADDRESS STREET ADDRESS 12770 WESTPORT CIRCLE WELLINGton FL 33414 CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ALAN ZANKEN 1200 Coappartulation Ning ☐ Change TITLE Addition Delete TITLE NAME NAME LEVINSON, MIMI STREET ADDRESS STREET ADDRESS 12024 SUELLEN CIRCLE Willington 12 3341L CITY-ST-ZIP 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 other like empowered. 561.791.7950 100

WELLINGTON FL 33414

SIGNATURE: 1