2003 NOT-FOR-PROFIT CORPORATION

FILED Apr 30, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N9600005446 04-30-2003 90153 033 ****70.00 MCKINLEY FINANCIAL FOUNDATION, INC. Principal Place of Business Mailing Address 6555 POWERLINE ROAD 6555 POWERLINE ROAD 214 214 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 545 Nort Andrews Avenue 3. Mailing Address Hadrews H venue Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0710410 Applied For Landerdale Landerdalo Not Applicable Country Zip 3330/ \$8.75 Additional 5. Certificate of Status Desired 3301 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZIMMERMAN, E R Street Address (P.O. Box Number is Not Acceptable) 7797 N UNIVERSITY DR **STE 108** TAMARAC FL 33321 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ■ Addition TITLE Delete TITLE ☐ Change NAME **RECKINLEY, JAMES** NAME 6555 POWERLINE RD #214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE FOSTER, DONALD M NAME NAME 6555 POWERLINE RD #214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE MCKINLEY, CONSUELO NAMÉ NAME STREET ADDRESS 6555 POWERLINE RD #214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

Change

Addition