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 path; 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

NAME

Change

Addition

☐ Delete

33426-5835

CTTY-ST-ZIP

STREET ADDRESS

Treasurer

Dorothy P. Baker

1909 SW 13thTerr.

Boynton Beach, Fl.

IINE

NAME

SIGNATURE: DOLOTHY P. BAKER TREAS 561-738-5082