NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

## FILED Apr 26, 1999 8:00 am Secretary of State

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Suite 1 Fort: Mye 33901 2. Principal Place of 21 2706 Sw Sipite, Apt. #, etc. 22 #110 City & State 23 Fort: Mye Zip 24 33901	Humanitan Venezuela siness amp Cabbac 10 ers, Flori Business amp Cabbac crs, Flori County 25 U.S.A	ge ct 270  da For 339  ge ct 26 2  ida 28	cal Relief al Relief ing Address 9 swamp C t Myers, Mailing Address	abbage ct Florida Cabbage	3. Date incorporated or Qualified  1. 02/10/97  4. FEI Number  65-0724974	pplied For
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Zip 4 33901	25 U.S.A	29		_ " - " - " - " - " - " - " - " - " - "		Ac ditional
4 33901	25 U.S.A Name and Address o	29	Zip		resit	eq ired
	Name and Address o		-	Country		May Be to Fees
9. 1		or Current Registe	33901	U.S.A.	Trust F and Contribution Added  10. Name and Address of New Registered Agent	IO Fees
			red Agent	81 Name	IV. Name and Address of New Yorks and Array	
<b>-</b>				Bro	My Jerry Id Iress (P.O. Box Number is Not Acceptable)	
Brow, Je	erry 2/09	Swamp,C	abbage ct	110 82 Street 27(	9 Swamp Cabbage ct #111)	j
	Fort	Mvers.	Florida 3	3 Q N 1 83		
	1010	,,		FOL	Myers, Florida 33901  85  Zip	Code
				84 City	ort Myers FL 32	0.01
11. Pursuant to the	provisiona-of Sections	617.0502 and 617	1508, Florida Statut	es, the above-named	to poration submits this statement for the purpose of changing its ration's board of directors. I hereby accept the app intrend as re	registered
office or register agent, I am fami	ed agent, oir both, in t liar with, and <del>accept t</del>	he State of Florida he pbligations of, S	. Such change was a Section 617.0503, Fk	nida Statutes.	raign's board of directors. Thereby accept the app intition as it	,9, ,,,,,
SIGNATURI:	June 1	5675	<del></del>		7/1/99	
Signature	e, typed or printed ormer to be			Registered Agent signature : 13.	ADDITICNS/CHANGES TO OFFICERS AND DIRECTO	OFS IN 12
12.	<del>/</del>	CERS AND DIREC	DELETE	11 TITLE		X Addition
TITLE D	Brow, Je			1.2 NAME	John Beatrice	
NAME D STREET ADDRESS			ge Ct 110	13 STREET ADDRESS	411 Westwood Drive	1
CITY-ST-ZIP	Fort Mye	rs,Flori	da 33901	1.4 CITY-ST-ZIP	Hartford City Indiana 47348	
TITLE			☐ DELETE	2.1 TITLE		XX Addition
NAME T	Brent Re	th Terr.		2.2 NAME	JUE FEATSON	
STREET ADDRESS		al, Fl 3	2001	. 2.3 STREET ADDRESS	737 SW 5th Terr Cape Cormal Florida 33991	
CITY-ST-ZIP	Cuit Coi	<u> </u>		2.4 CITY-ST-ZIP	Cape Column Florida	Addition
TITLE	min Tien	Mannan	XXOELETE	3 1 TITLE	_1 Clange	C) Addison
NAME _ T	Tia Lisa		:	32 NAME	_ va,u-	
STREET ADORE: S	_	gle Ride	• • •	33 STREET ADDRESS	·	
CITY-ST-ZIP	Fort Mye	rs, Flor	ida 33912 □ DELETE	3.4. CITY-ST-ZIP	☐ Change	Addition
IMLE				4. 2 NAME		`
NAME				43 STREET ADDRESS		i
STREET ADDRESS				4.4 CITY-ST-ZIP		
CITY-ST-ZIP			☐ DELETE	51 TITLE	☐ Change	Addition
NAME				5.2 NAME		
STREET ADDRE IS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY+ST-ZIP		□ Addition
TITLE			□ DELETE	61 FITLE	☐ Change	Addition
NAME				6.2 NAME		
STREET ADDRE'S				6.3 STREET ADDRESS		
CITY-ST-ZIP		matinal color at a def	a door oot midle: &-	6.4 CITY-ST-ZIP	ir Section 119.07(3)(i), Florida Statutes, i further certify that the	information
					sture shall have the same legal effect as if made ur der oath; that ecuired by Chapter 617, Florida Statutes; and that my name aps	

Jerry Brow, President

Date Dayume Phone #