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FILED
Jun 11, 2002 8:00 am
Secretary of State
05-13-2002 90147 031 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000987

1. Entity Name
CINDY TRIMM CORPORATION (C.T.C), INC.

DO NOT WRITE IN THIS SPACE

92437

2. Principal Place of Business	3. Mailing Address
2701 W. OAKLAND PARK BLVD.	P.O. BOX 101240
Suite, Apt. #, etc.: 315	Suite, Apt. #, etc.:
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE FL
Zip: 33311 Country: USA	Zip: 33311 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0731815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: TURNER ADVOCACY GROUP, P.A.
C/O SHEILA D. TURNER
Street Address (P.O. Box Number is Not Acceptable): 2601 E. OAKLAND PARK BLVD.
SUITE 501
City: FT. LAUDERDALE FL Zip Code: 33306

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)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRIMM, N. C. DR.
STREET ADDRESS	2701 W. OAKLAND PARK BLVD. #315
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	TD
NAME	LEAHEY DEBBIE S.
STREET ADDRESS	5312 NE 6TH AVE. #D20
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334-5
TITLE	SD
NAME	DUNCOMBE, WENDY
STREET ADDRESS	2701 W. ATLANTIC BLVD. #315
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	D
NAME	TRIMM DEBORAH
STREET ADDRESS	#6 DUNSCOMBE LANE, NORTHSHORE
CITY-ST-ZIP	PEMBROKE, BERMUDA HMDT
TITLE	D
NAME	MARLELLE, WANDA
STREET ADDRESS	1327 NW 87th STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy Duncombe WENDY DUNCOMBE APRIL 26 2002 (954)667-6335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #