NOT-FOR-PROFIT CORPORATION

| UNIFORM BUSINE | | (UBR) | | C. S. | |
|---|------------------------------------|---|---------------------------------------|--|-------------------------------|
| DOCUMENT # N97 000001964 1. Entity Name | | | | FILED | |
| Justin Hess Scholarship Foundation, Inc. | | 02 SI | 02 SEP 24 AM II: 26 | | |
| | | | SEC | RETARY OF STATE AHASSEE, FLOR ID A | |
| DO NOT WRITE IN THIS SPACE | | | 100 | 00080200 09/25/0201 | 0818 1061023 *****61.25 |
| 2. Principal Place of Business Alvarez & Page, P. A. | 3. Mailing Address P.O. Box 1130 | | | 44444401.00 | 444401120 |
| Suite, Apt. #, etc. 311 Centre Street | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS S | PACE |
| Fernanding Beach, FL | Fernandina Bed | sch El | 4. FEI Number 59-34 | 13220 | Applied For Not Applicable |
| Zip Country | 32035-1130 | Country | 5. Certificate of St | atus Desired | 8.75 Additional |
| <u> </u> | 0200 1100 | | 7. Name and Addre | ess of Current Registered | Fee Required Agent |
| | | Name 1 | lexia Alvare | - | |
| DO NOT WRITE | | Street Addre | Street Address (P.O. Box Number is No | | : |
| IN THIS SPA | ACE | 311 | Centre On | reet | |
| | | City — | <u> </u> | | T 7:4 0-4- |
| | 7.00 | <u> </u> | nandina Be | ach FL | Zip Code 32.035 |
| 8. The above named entity submits this statement for the | ne purpose of changing its re | egistered office or regi | istered agent, or both, in t | the state of Florida. | |
| *. : | | | | | |
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| SIGNATURE | AM - M | | | · · · · · · · · · · · · · · · · · · · | |
| SIGNATURE | title if applicable. (NOTE: R | Registered Agent signature rec | guired when reinstating) | DATE | |
| | 9. Election Camp | aign Financing | \$5.00 May Be Added to Fees | Make Check Department | |
| Signature, typed or printed name of registered agent and | 9. Election Camp Trust Fund Cor | aign Financing | \$5.00 May Be | Make Check | |
| FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTION TITLE President | 9. Election Camp Trust Fund Cor | aign Financing | \$5.00 May Be | Make Check | |
| FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECTION TITLE President NAME L. Hanko Rosenblad | 9. Election Camp Trust Fund Cor | naign Financing htribution. | \$5.00 May Be | Make Check | |
| FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECT AND DIRECT AND RESIDENT L. Hanko Rosenblad DIRECT STREET ADDRESS 1454 Glenwood Rd. | 9. Election Camp Trust Fund Cor | naign Financing ntribution. TITLE NAME STREET ADDRESS | \$5.00 May Be | Make Check | |
| FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECT ADDRESS I 454 Glenwood Rd. CITY-ST-ZIP Yulee, FL 32097 | 9. Election Camp Trust Fund Cor | TITLE NAME STREET ADDRESS CITY-ST-ZIP | \$5.00 May Be | Make Check | t of State |
| FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECT AND DIRECT ADDRESS CITY-ST-ZIP Yulee, FL 32097 TITLE Vice President Vice President Vice President | 9. Election Camp Trust Fund Cor | naign Financing ntribution. TITLE NAME STREET ADDRESS | \$5.00 May Be | Make Check | |
| FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECT AND DIRECT ADDRESS CITY-ST-ZIP Yulee, FL 32097 TITLE Vice President NAME Engenia Rivera STREET ADDRESS 827 Ocean Avenue | 9. Election Camp Trust Fund Cor | TITLE NAME STREET ADDRESS STREET ADDRESS | \$5.00 May Be | Make Check | t of State |
| FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECT AND | 9. Election Camp Trust Fund Cor | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | \$5.00 May Be | Make Check | t of State |
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| FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECT ADDRESS CITY-ST-ZIP TITLE Vice President Engenia Rivera STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Vice President Engenia Rivera STREET ADDRESS SECRETARY FERNANDIA BEACH, FL 320 TITLE Secretary Cary Marlow TOTALL STREET ADDRESS CITY-ST-ZIP FERNANDIA STREET ADDRESS C | 9. Election Camp Trust Fund Cor | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | \$5.00 May Be Added to Fees | Make Check | t of State |
| FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECT AND DIRECT ADDRESS CITY-ST-ZIP FERNANDIA BEACH, FL 32054 TITLE Secretary Gary Planton Beach, FL 32054 TITLE Treasurer | 9. Election Camp Trust Fund Cor | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | \$5.00 May Be Added to Fees | Make Check Department | i of State |
| FEE IS \$61.25 Initial or Amended UBR 10. OFFICERS AND DIRECT ADDRESS IN 1454 Glenwood Rd. TITLE Vice President NAME Engenia Rivera BET Ocean Avenue Fernardina Beach, FL 320 TITLE Secretary TITLE Sample Fernardina Beach, FL 320 TITLE Secretary TITLE Sample Fernardina Beach, FL 320 TITLE TREE TADDRESS CITY-ST-ZIP Fernardina Beach, FL 320 TITLE TREE TADDRESS CITY-ST-ZIP Fernardina Beach, FL 320 TITLE TREESS CITY-ST-ZIP FERNARDINA TO THE SAMPE NAME NAME NAME NAME NAME NAME NAME NAM | 9. Election Camp Trust Fund Cor | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | \$5.00 May Be Added to Fees | Make Check Department | i of State |
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12 12. Thereby 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 appears, with all other like empowered.

SIGNATURE: MACL 1999 27-90