2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NOTOOOSSOR

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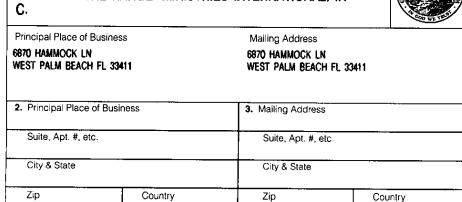


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FILED

Jan 08, 2003 8:00 am Secretary of State

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☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0760556 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ____ 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code

BUTLER, TERESA E PTR 6870 HAMMOCK LN WEST PALM BEACH FL 33411

City

ο.	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. the obligations of registered agent.	I am familiar with, and accept
	and congations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

Name

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Check Payable to

Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE □ Defete TITLE ☐ Change Addition BUTLER, TERESA E PTR NAME NAME STREET ADDRESS 6870 HAMMOCK LN STREET ADDRESS CITY-ST-ZIP **WEST PALM BEACH FL 33411** CITY-ST-ZIP TTR TITLE ☐ Delete TITLE ☐ Change Addition BUTLER, BRANT A TTR NAME NAME 6870 HAMMOCK LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-WEST-PALM-BEACH-FL-3341-1----------CITY-ST-ZIP-TITLE ☐ Delete TITLE ☐ Change Addition BECOTTE, REV. THOMAS W TR NAME 9429 AUTUMN APPLAUSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CHARLOTTE NC 28277** CITY-ST-ZIP TITI F ☐ Delete Change Addition BECOTTE, GUISELLA TR NAME NAME 9429 AUTUMN APPLAUSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28277 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition FERRIS, SHARON S NAME NAME 4703 LUCERNE LAKES BLVD #203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-7IP VTR ☐ Delete TITLE ☐ Change Addition HALE, MERLE VTR NAME NAME STREET ADDRESS 235 SAGINAW PKWY # 75 STREET ADDRESS CITY-ST-ZIP CAMBRIDGE, ONTARIO, CA NIT 1-X4 CITY-ST-ZIP

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.

SIGNATURE: