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

AMENDED REPORT

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DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 6.08 M. Oak Land Ave. P. D. Box 9.30 Suite, Apt. 4. otc. City & State Oak Land Ave. P. D. Box 9.30 Suite, Apt. 4. otc. City & State Oak Land F. County 2p County 2p County 3. Certificate of Status Control Type 2d 14. FEI Number 159-2d 2d 1478 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above numed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida, I am familiar with, and according to the dispations of registered agent. Signature Signature The above numed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida, I am familiar with, and according to the objection of registered agent or both, in the state of Florida, I am familiar with, and according to the objection of registered agent. Signature Signature Signature FEE IS \$61.25 Initial or Amended UBR The Wilder or and income of implement upon too too the control of the purpose of changing its registered office or registered agent, or both, in the state of Florida, I am familiar with, and according to the object of Florida Department of State 126. The above numed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida, I am familiar with, and according to the object of Florida Department of State 127.00 May Be Accord to Florida Department of State 128.00 May Be Accord to Florida Department of State 129.00 May Be Accord to Florida Department of State 129.00 May Be Accord to Florida Department of State 129.00 May Be Accord to Florida Dep	1. Entity Name	/IEN # N970000033	376			•	
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12. I hereby certify that the information supplied with this filling 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 direct of the corporation of 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.	 I hereby certi- indicated on to of the corpora attachment w 	ify that the information supplied with this report or supplemental report is ration or the receiver or trustee emp with an address, with all other like er	n this filing does not qualify fis true and accurate and that powered to execute this rep npowered	or the exemption stated in my signature shall have th ort as required by Chapter	Section 119.07(3)(i), Flori ne same legal effect as if i r 617, Florida Statutes; ar	ida Statutes, I further certify that the information made under oath; that I am an officer or director no that my name appears in Block 10 or on an	or
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