2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 11, 2002 8:00 am Secretary of State DOCUMENT # N9700004579 1. Entity Name I.B. SUPPORT FOUNDATION, INC. 02-11-2002 90094 010 ****61.25 Principal Place of Business Mailing Address 500 W. MAXWELL ST. 500 W. MAXWELL ST PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3495149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HUSTON, GARY W BEGGS & LANE, 3 W. GARDEN ST., STE. 600 PENSACOLA FL 32501 Zip Code City FL 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE HARPER, RICK NAME NAME STREET ADDRESS STREET ADDRESS 420 W. BLOUNT ST. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 VPD ☐ Addition ☐ Delete TITLE Change TITLE PAUL, DEBBIE NAME NAME STREET ADDRESS 500 W MAXWELL ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32501 Change ☐ Addition TITLE Delete TITLE JOHNSTON, LORI NAME NAME 500 W. MAXWELL ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Addition TITLE ☐ Delete TITLE ☐ Change STANNY, CLAUDIA NAME NAME STREET ADDRESS 4750 FLORENTINA CT. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE SCOTT, LESLIE NAME NAME STREET ADDRESS 500 W. MAXWELL ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Addition TITLE ☐ Delete TITLE PEPPLER, ELLEN NAME NAME STREET ADDRESS 500 W. MAXWELL ST STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP

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 frue 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 attack ment with an address er like empowered

AUDIA J. STANNY

SIGNATURE: