DOCUMENT # N97000004972 FILED 1. Entity Name May 08, 2000 8:00 am C.E. GLOVER COMMUNITY STUDY & OUTREACH CENTER, I Secretary of State 05-08-2000 90186 049 ****61.25 Principal Place of Business Mailing Address 9061 NW 11 COURT 9061 NW 11 COURT PLANTATION FL 33322-4910 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address 5166 Waters Edge Way 5166 Waters Edge Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0777968 Cooper City, FL Not Applicable Cooper City. Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33330 33330 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GLOVER, C E JANOS SE SWILLBOOK 5166 Waters Edge Way Cooper City, FL 33330 RLANTATION:FL:83322 Zip Code 8. The above named envity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Addition TITLE ☐ Delete TITLE GLOVER, C E NAME 5166 Waters Edge Way STREET ADDRESS STREET ADDRESS 9061 NW 11 COURT CITY-ST-ZIP CITY-ST-ZIP Cooper City, FL 33330 PLANTATION FL 33322 ☐ Change Addition ☐ Delete TITLE TITLE NAME GILES, JACKI NAME STREET ADDRESS STREET ADDRESS 504 NW 20 AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Change Addition TITLE ☐ Delete TITLE NAME MCDOWELL, HATTIE D NAME STREET ADDRESS STREET ADDRESS 3441 N.W. 7 COURT CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ANDERSON, VIRGINIA NAMÉ STREET ADDRESS STREET ADDRESS 9965 NW 9 CT. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete Change Addition TITLE NAME LEWIS, BETTY NAME STREET ADDRESS STREET ADDRESS 4310 NW 22 ST. CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Change Addition ☐ Delete TITLE NAME WALDEN, ROBERT STREET ADDRESS STREET ADDRESS 1048 WYOMING AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 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 Block 11 if changed, or on an attachment with an address, with all effect in the empowered.

Hattie McDowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04/26/00

954-763-5644

Daytime Phone #