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

DOCUMENT # N97000005349

1. Entity Name

THE BOND FOUNDATION, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90164 018 ****61.25

Principal Place of Business 800 SOUTH DILLARD STREET WINTER GARDEN FL 34787		Mailing Address 800 SOUTH DILLARD STREET WINTER GARDEN FL 34787		79061733			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3468830			oplied For
Zip	Country	Zip	Country	5. Certificate of Statu		8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered A	gent	
			Name				
BLAKESLEE, DEREK			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
WINTER	GARDEN FL 34787						
			City		FL	Zip Cod	
the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regi	stered agent, or both, in the	e State of Florida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	E: Registered Agent signature req	uired when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25		ection Campaign Financing \$5.00 ast Fund Contribution.		Make Check Payable to Florida Department of State		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10
TITLE Name Street address City-St-Zip	P BLAKESLEE, DEREK 230 N HIGHLAND AVE WINTER GARDEN FL 34787	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ju. J.	1	Change	☐ Addition
TITLE TAME STREET ADDRESS CITY-ST-ZIP	D BLAKESLEE, ANN G 230 N HIGHLAND AVE WINTER GARDEN FL 34787	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGATE, DON P.O BOX 6 KILLARNEY FL 34740	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wingate, Carole P.O Box 6 Killarney Fl 34740	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, MARK P.O BOX 770284 WINTER GARDEN FL 34777	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	Addition
ITLE		☐ Delete	TITLE NAME	T - 1 - 11 - 1	Г	☐ Change	☐ Addition

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 other like empowered.

CITY-ST-ZIP

SIGNATURE:

USICATURE FDEREKU! Blakeslee

1/6/07

407-656-6611

CR2E037 (10/0)