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

DOCUMENT # N9700005839

1. Entity Name



FILED Mar 03, 2003 8:00 am § Secretary of State

TARPON SPRINGS FI. 348840285 2. Principal Pace of Businoss 3. Mailing Address Sulfo, Apt #, otc. CHECK HERE # MAKING CHANGES Sulfo, Apt #, otc. CHECK HERE # MAKING CHANGES Sulfo, Apt #, otc. CHECK HERE # MAKING CHANGES Day Country 2p Country 2p Country 3. Certificate of Status Desired National For Projection National For Projection For	HUMAN	RESOURCE & DEVELOPMENT	OF MT. HERMON, IN	IC.		3-03-2003 90424 ()40 · · · / (1.00	
Suite, Apt. #, etc. Suite Apt. #, etc. Check Helle if Making Changes City & State Chy & State Chy & State A. Fell Number 59-2955629 Anabled For National Section Anabled Fo	400 S. LEVIS AVENUE P.O. B		P.O. BOX 265	D. BOX 265			88(8) 41/6) 18158	I(IIS (B)) 1881	
City 6 State City 6 State City 6 State City 6 State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of Nav Registered Agent 7. Name and	2. Principal	Place of Business	3. Mailing Address						
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Zip Country	City & State		City & State		4. FEI Number 59	4. FEI Number 59-2955629 Applied For			
6. Name and Address of New Registered Agent	Zip	Country	Zip	Country			\$8.75 Ad	Iditional	
SMITH, MILTON B 1546 RIVER OAKS DRIVE TARPON SPRINGS FL 34689 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU		6. Name and Address of Current R	egistered Agent		7 Name and Addre	es of New Bosisteres		<u>∍d</u>	
Sile ABOVE NORTH AND SPRINGS FL 34689 City FL Zip Code		ماسينيا والمستواحية المنافعة	Market Company of the	Name	Name and Addit	ass or New Registerer	Agent		
TARPON SPRINGS FL 34689 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Delete the obligations of Florida Delete that the obligat				Street Address (P.O. Box Number is Not Acceptable)					
B. 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. I am familiar with, and accept the obligations of registered agent. Comparison		– –			<u> </u>				
SIGNATURE Signature, typosic or primad name of regulateral agent and whe if applicable. NOTE: Registered Agent agreement agent expression required when remission() Soft added to Fees FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE MAKE: SITE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE WARE AND S. LEWIS AVENUE THE ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TARPON SPRINGS FI. 34688-0265 TITLE THOMPSON, GLORIA J MAKE TARPON SPRINGS FI. 34688-0265 TARPON SPRINGS FI. 3468			_	City		F	Zip Coc	ie	
SIGNATURE SUBJECTION STATE STAT	8. The above	e named entity submits this statement for t	he purpose of changing its re	egistered office or regi	stered agent, or both, in th	e State of Florida. I am	familiar with,	and accept	
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Trust Fund Contribution. Added to Fees Florida Department of State Doctor Change Addition Added to Fees Florida Department of State	SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)	DATE	"		
Trust Fund Contribution. Added to Fees Florida Department of State Doctor Change Addition Added to Fees Florida Department of State					··-	_			
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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:

927-938-7168