2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # N98000000842 1. Entity Name TURKEY CREEK HIGH SCHOOL ALUMNI AND FRIENDS ASSO 03-20-2000 90123 046 ****62.25 Principal Place of Business Mailing Address 5902 FARKAS ROAD 5902 FARKAS ROAD PLANT CITY FL 33567-1737 PLANT CITY FL 33567 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City/& State 4. FEI Number NOT-APPLICABLE Not Applicable Zip Country Zic 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) HOBBS, WALTER O III 3719 SWANN AVE **TAMPA FL 33609** Zip Code City F١ 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) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS | 10. 11. DIRECTOR Addition Change TITLE TITLE Delete TOMMY NEWMAN NAME NAME WELCH, DANA POBOX 1432 STREET ADDRESS STREET ADDRESS 4112 THREE OAKS RD CITY-ST-7IP Thonotosassa, CITY-ST-ZIP PLANT CITY FL 33565 DIREC TOR ☐ Change Addition TITLE D Delete TITLE LOLLY FRERICHS NAME GROOMS, DEE DEE NAME WIND CHIMEDR. 3359 STREET ADDRESS STREET ADDRESS 3838 FANCY FARMS RD CLBARWATER_FL-34621 .CITY_SI-ZIP_ CITY-ST-ZIP PLANT-CITY-FL-33566 DIRECTOR ☐ Delete TITLE ☐ Change Addition TITLE LINDA RUSSELL NAME BURDETT, DEBBIE NAME 3539 YALE CIRCLE STREET ADDRESS STREET ADDRESS 708 W. TEVER ST RIVER VIEW, FL 33569 CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 ELAINE LISTER □ Change TITLE Delete TITLE Addition NAME PARISH, DAVID NAME -BURDET STREET ADDRESS 3502 STREET ADDRESS JUANITA 231 TARA CT 3*356* 7 CITY CITY-ST-ZIP CITY-ST-ZiP PLANT LAKELAND FL 33809 TITLE SECRE TARY Addition Delete TITLE PARISH, DIANE NAME VAU DEN BOGAERY NAME STAFFORD STREET ADDRESS TERR STREET ADDRESS AUE 231 TARA CT CITY-ST-ZIP CITY-ST-ZIP 33*5*65 LAKELAND FL 33809 PRES (DENT Delete TITLE TITLE DEBBIE BURDETT NAME FORTINBERRY, JIM NAME TEVER STREET ADDRESS STREET ADDRESS 5902 FARKAS RD CITY-ST-ZIP CITY-ST-7IP ITY, FL PLANT CITY FL 33567

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 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.

'4 MAR*0*0