FILED Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90114 015 ****61.25

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE BENJAMIN, CHARLES BENJAMIN, CHARLES 6171 ISLAND HARBOR RD SIRET ADDRESS DITY-ST-ZIP SEBASTIAN FL 32958 6171. ISLAND HARBOR RD SIRET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 6171. ISLAND HARBOR RD STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS GITY-ST-ZIP TITLE WAME WAGNER, TERRI 6199 ISLAND HARBOR ROAD STREET ADDRESS GITY-ST-ZIP SEBASTIAN FL 32958 GITY-ST-ZIP TITLE D Delete Delete TITLE D Delete Delete TITLE D Delete Delete TITLE D Delete D							01 30 2001 9011 1	015	1.23	
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City & State Country S. Certificate of Status Desired See Required 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code MATE FILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Delete FILE NOW: FEE IS \$61.25 Trust Fund Contribution. City FEE IS \$61.25 Trust Fund Contribution. Delete Title BENJAMIN, CHARLES SIRRET AUDIESS	2. Principal P	lace of Business	3. Mailing Address	Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired S.7.5 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required 8. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 3. 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 FILE NOW: FEE IS 361.25 FILE NOW: FEE IS 361.25 PREF ADDRESS STREET ADDRES	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENJAMIN, CHARLES 6171 ISLAND HARBOR RD SEBASTIAN FL 32938 City FL Zip Code City FL Zip Code City FL Zip Code Tup Code The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FILE NOW: FEE IS \$61.25 PILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State BENJAMIN, CHARLES BENJAMIN, ALTA BENJAMIN BENJ	City & State	е	City & State			4. FEI Numbe	CE COFE 411			
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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	CITY-ST-ZIP	cortify that the information symplical with	this filling does not qualify for			in Section 119.07/2Vi) Florida Statutes I further co	artify that the i	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.

SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800003222

STROKE OF HOPE CLUB OF INDIAN RIVER COUNTY, INC.

1. Entity Name

561-388-0582