DÓCHMENT 4	N98000006081
DOCOMENT#	149000000000

√1. Entity Name

THE NATIONAL CYBERAGENT ASSOCIATION, INC.

C/O DOUGLAS S. BELL 215 S. MONROE ST. TALLAHASSEE FL 32301

City & State

Principal Place of Business

Mailing Address

P.O. BOX 10095

City & State

TALLAHASSEE FL 32302-2095

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	DO NOT WRITE IN THIS SPACE

Name.

City

(NOTE: Registered Agent signature required when reinstating)

Zip Country Zip Country

4. FEI Number 65-0960162

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

Not Applicable

Applied For

する./う Additional Fee Required

BELL, DOUGLAS S PENNINGTON, MOORE, WILKINSON, BELL DUNBAR

6. Name and Address of Current Registered Agent

215 S. MONROE ST., 2ND FLOOR TALLAHASSEE FL 32301

FILE NOW:

FEE IS \$61.25

DANIELS, STEFANIE

3331 NW 177TH TER

CAROL CITY FL 33056

Street Address (P.O. Box Number is Not Acceptable)

FL Zip Code

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, typed or printed name of registered agent and title if applicable

SIGNATURE

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees Make Check Payable to Department of State

DATE

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP **X** Addition TITLE Delete NAME REYNOLDS, KARLA SAber, Asim NAME 2901 SW 1494 AVE, Juite 200 STREET ADDRESS 701 BRICKELL AVE., STE. 1850 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miramar FL 33027 **MIAMI FL 33131** Addition TITLE TITLE ☐ Change NAME NAME URRA, MARTIN STREET ADDRESS STREET ADDRESS 701 BRICKELL AVE., STE. 1850 CITY-ST-ZIE CITY-ST-ZIP MIAMI FL 33131 TITLE TITLE Addition Delete Change CHERRY, STEFFEN NAME NAME Ureif, Michael STREET ADDRESS STREET ADDRESS 701 BRICKELL AVE., STE 1850 Juit 2901 JW 14911 AVE, CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 MICAMA TITLE ☐ Delete TITLE Change ☐ Addition **BOCEK, KATHLEEN** BOLEK, KATHICE~ NAME NAME STREET ADDRESS 2901 SW 14914 NUC. JUILE 200 STREET ADDRESS 701 BRICKELL AVE., STE 1850 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 MICAMAN FL 33027 TITLE ☐ Delete TITLE Change Addition Hernandez, JOSE NAME JOHNSON-MATZNER, BRENDA NAME STREET ADDRESS 302 13 SW 161 COURT 332 SW 22ND ST. STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 33033 FT. LAUDERDALE FL 33315 TITLE ☐ Delete Change TITLE ☐ 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/0

954-392-2625

Daytime Phone #

CR2E037 (10/00