2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006747

Entity Name: THE EVA MAE HURST CHARITABLE FOUNDATION, INC.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5730 LAKE LIZZIE DR SAINT CLOUD, FL 34771 US					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3100 GREEN ACRES ROAD SAINT CLOUD, FL 34772 US					
FEI Number:	91-1938570 FEI	Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
WINDERWEEDLE, HAINES, WARD AND WOODEMAN, P.A 390 NORTH ORANGE AVE SUITE 1500 ORLANDO, FL 32801 US					
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:					
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete HECTOR A. TICO PER 950 S. WINTER PARK CASSELBERRY, FL	REZ, K ROAD #301	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete HERBST, RICHARD 950 S. WINTER PARK CASSELBERRY, FL	C ROAD #301	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete HOOVER, PAUL 950 S. WINTER PARK CASSELBERRY, FL	K ROAD #301	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HURST, EVA M 2245 DONATO DR BELLEAIR BEACH, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete OLSEN, ANNE 950 S. WINTER PARK CASSELBERRY, FL	K ROAD #301	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete SNYDER, ROBIN 950 S. WINTER PARK CASSELBERRY, FL	C ROAD #301	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA M HURST D 05/01/2003