## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## Apr 28, 2003 8:00 am Secretary of State DOCUMENT # N98000007141 1. Entity Name 04-28-2003 91371 005 \*\*\*\*61.25 THE BLYLER/THOMPSON FOUNDATION, INC. Principal Place of Business Mailing Address P.O. BOX 3679 #10 LITTLE BAY HARBOR PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.- , ,☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3546806 Applied For Not Applicable Zip \$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 William 13. Thompson SCHNEIDER, MICHAEL N Street Address (P.O. Box Number is Not Acceptable) 5150 BELFORT ROAD #10 Little BAY HARSOR **BUILDING 100** JACKSONVILLE FL 32256 PONTE Ved MA Beach 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. The Phasi dat 'PSD TIT! F ☐ Delete TITLE DAMES H. HEWTON NAME THOMPSON, NANCY R NAME POOTE : VEDTA BERY, Fl. STREET ADDRESS STREET ADDRESS #10 LITTLE BAY HARBOR CITY-ST-7IP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 Delete TITLE TITLE NAME THOMPSON, WILLIAM B NAME STREET ADDRESS #10 LITTLE BAY HARBOR. STREET ADDRESS ي المراجي CITY-ST-ZIP CITY-ST-ZIP-PONTE VEDRA BEACH FL 32004 Delete TITLE Change ☐ Addition NAME WILLEY, FAY B NAME STREET ADDRESS STREET ADDRESS #10 LITTLE BAY HARBOR CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32004 TITLE ☐ Defete TIT! F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

FILED

William B. Thompson 4/24 SIGNATURE

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

STREET ADDRESS CITY-ST-ZIP