2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 08:00 AM DOCUMENT # N9900000119 1. Entity Name **Secretary of State** NYALA FOUNDATION, INC. Principal Place of Business Mailing Address 7330 JENNER AVENUE 7330 JENNER AVENUE NEW PORT RICHEY NEW PORT RICHEY FL FL 346553222 346553222 2. Principal Place of Business 3. Mailing Address 7330 JENNER AVE 7330 JENNER AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NEW PORT RICHEY FL NEW PORT RICHEY FL 59-3618527 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 346553222 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCOMBS MCCOMBS MALCOLM L 7330 JENNER AVENUE Street Address (P.O. Box Number is Not Acceptable) 7330 JENNER AVENUE NEW PORT RICHEY 346553222 City Zip Code NEW PORT RICHEY 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. 01/21/2000 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE DIR ☐ Change X Addition NAME NAME THIFTSCH NORMA SEC/D STREET ADDRESS STPEET ADDRESS 9805 DECUBILLIS AVE CITY-ST-ZIP CITY-ST-7IP NEW PORT RICHEY FL34654 TITLE ☐ Delete DIR ☐ Change XI Addition NAME NAME DTREAS/D TIMMONS JOY STREET ADDRESS STREET ADDRESS 3601 PINEHURST DRIVE CITY-ST-ZIP CITY-ST-ZIP HOLIDAY \mathbf{FL} 34691 TITLE ☐ Delete TITLE DIR ☐ Change **X** Addition NAME NAME JAMES RINKER VPRES STREET ADDRESS 5534 OAK RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL. 34653 TITLE ☐ Delete TITLE ☐ Change X Addition NAME MCCOMBS MALCOLM LPRES STREET ADDRESS STREET ADDRESS 7330 JENNER AVENUE CITY-ST-ZIP NEW PORT RICHEY CITY-ST-ZIP 34655 TITLE ☐ Delete TID F Change ☐ Addition NAME NAR/F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 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.