

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000000119

FILED  
Jan 12, 2002 8:00 AM  
Secretary of State

Entity Name: NYALA FOUNDATION, INC.

## Current Principal Place of Business:

7330 JENNER AVE  
NEW PORT RICHEY, FL 346553222

## New Principal Place of Business:

## Current Mailing Address:

7330 JENNER AVENUE  
NEW PORT RICHEY, FL 34655 US

## New Mailing Address:

FEI Number: 59-3618527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCOMBS, MALCOLM L  
7330 JENNER AVENUE  
NEW PORT RICHEY, FL 34655 US

## Name and Address of New Registered Agent:

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:

Title: DIR ( ) Delete  
Name: TIMMONS, JOY D TREAS/D  
Address: 3601 PINEHURST DRIVE  
City-St-Zip: HOLIDAY, FL 34691 US

Title: DIR ( ) Delete  
Name: RINKER, JAMES VPRES  
Address: 5534 OAK RIDGE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: DIR ( ) Delete  
Name: MCCOMBS, MALCOLM L PRES  
Address: 7330 JENNER AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: DIR ( ) Delete  
Name: TUJETSCH, NORMA SEC/D  
Address: 9805 DECUBILLIS AVE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MALCOLM L. MCCOMBS

PRES

01/12/2002

Electronic Signature of Signing Officer or Director

Date