2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FIFD DOGUMENT # **N99000000935** 1. Entity Name 03 JUL 14 PM 8:49 OUR FLORIDA KIDS, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 1002 WEST 23RD STREET 1002 WEST 23RD STREET SUITE 400 SUITE 400 PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FE! Number 59-3561614 City & State City & State Applied For Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1002 WEST-23RD STREET SUITE 400 PANAMA CITY FL 32405 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 4000179166040 05/02/03--01117--011 **70.00 ☐ Addition TITLE ☐ Delete TITLE Chapman, Joseph F III NAME **70°.00 STREET ADDRESS 1002 W 23RD ST. STE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 TITLE Delete TITLE ☐ Change ☐ Addition Butler, Neil H NAME NAME STREET ADDRESS **B10 EAST COLLEGE AVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 Addition TITLE ☐ Delete TITLE ☐ Change Henry, Robert f III NAME NAME STREET ADDRESS STREET ADDRESS 1002 W_23RD_ST, STE_400 CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL 32405 Delete [] Change TITLE X Addition TITLE PIPPIN, LAURETTA J. NAME NAME STREET ADDRESS 1002 W. 23RD STREET, STE. 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 32405 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2. 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 is 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.

SIGNATURE:

HOT A HORE SECUR SECTOR DESCRIPTION TO ANY THE AND TYPE OF PRINTED MANY OF SIGNING DESIGNS OF DIRECTOR

4/25/0

820/2190 8421