2002 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2002 8:00 am DOCUMENT # N9900003021 **Secretary of State** 1. Entity Name 03-12-2002 90280 042 ****61.25 HOWARD & FRANCES VAUGHAN CHARITABLE FOUNDATION. INC. Principal Place of Business Mailing Address 1916: WINDING OAKS WAY 3838 TAMIAMI TRAIL N NAPLES FL 34109 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3575644 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GOODMAN & BREEN, P.A. 3838 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State Carrier of the same of the sam OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition (9/01) VAUGHAN, HOWARD E NAME NAME 1916 WINDING OAKS WAY STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [] Change Addition TITLE VAUGHAN, FRANCES I NAME NAME 1916 WINDING OAKS WAY STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE = ___Delete TITLE [] Change Addition MOORE, JILL NAME NAME 26105 BUNDSCHU STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **INDEPENDENCE MO 64056** CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition PINKERTON, GLORIA NAME NAME 3121 S. SLAUGHTER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GRAIN VALLEY MO 64029** CITY-ST-ZIP ☐ Delete TITLE TITI F [] Change ☐ Addition BIGELOW, MARCIA NAME NAME 6328 RIDGEWAY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KANSAS CITY MO 64133 CITY-ST-ZIP TITI F ☐ Delete TITLE [] Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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.

SIGNATURE

2/25/02 9415963484

FILED