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

DOCUMENT # N9900004037

THE KATHRYN CALKIN HANCOCK FOUNDATION FOR HEALTH



May 05, 2003 8:00 ams Secretary of State

05-05-2003 90155 010 ****61.25

Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name HECKER, SUSAN B 200 \$ ORANGE AVE SARASOTA FL 34236 City FL 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. I am familiar with, and acc the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Make Check Payable to Florida Department of State		LLNESS, IN.	CONDATION TON TIEAL					
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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) City FL Zip Code 6. 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 accepted the obligations of registered agent. Signature Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	City & State		City & State		4. FEI N	4. FEI Number 65-0933374 Applied For Not Applicable		
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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.

SIGNATURE:

TITLE

NAME

TITLE

NAME

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NAME

STREET ADDRESS CITY-ST-ZIP

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719 BELLEVIEW AVE

NEWPORT RI 02840

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1126 S CROCKETT

SHERMAN TX 75090

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