2002 UNIFORM BUSINESS REPORT (UBR) FILED May 29, 2002 8:00 am Secretary of State DOCUMENT # **N99000005968** 1. Entity Name KAPPA FOUNDATION OF POMPANO BEACH, INCORPORATED 05-29-2002 90680 040 ****61.25 Principal Place of Business Mailing Address P.O. BOX 792 P.O. BOX 792 POMPANO BEACH FL 33061 POMPANO BEACH FL 33061 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1063045 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) THURSTON, PERRY 6041 SW 13TH STREET **PLANTATION FL 33315** 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) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE (9/01 NAME HOLCOMB, GLENN C NAME STREET ADDRESS P.O. BOX 792 STREET ADDRESS 9475 Liston Terr CITY-ST-7IP POMPANO BEACH FL 33061 CITY-ST-7IF SD TITLE ☐ Delete TITLE ☐ Addition NAME SCRUGGS, J. DAVID NAME STREET ADDRESS P.O. BOX 792 STREET ADDRESS POMPANO BEACH FL 33061 CITY-ST-ZIP □ Delete TITLE Change ■ Addition BLAINE, EALIE NAME STREET ADDRESS P.O. BOX 792 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33061 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TURNLEY, L. WAYNE PO. BOX 792 Pompano Beh. Fl. 33061 NAME STREET ADDRESS 22160 CROFTON COURT STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33428 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME ROBINSON, HENRY STREET ADDRESS 880 N.W. 33RD WAY STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn C. Holcomb

5-16-02

(561)248-2838