

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000006189****1. Entity Name**
LISA MCPHERSON FOUNDATION, INC.

Principal Place of Business 1322 1ST AVENUE, N.W. LARGO FL 33770	Mailing Address 1322 1ST AVENUE, N.W. LARGO FL 33770
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2. Principal Place of Business 308 S LINCOLN #1	3. Mailing Address 308 S LINCOLN #1
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State CLEARWATER FL	City & State CLEARWATER FL
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Zip 33756	Country	Zip 33756	Country
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4. FEI Number 59-3647444	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVENUE SUITE 110 ORLANDO FL 32801 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.	05/01/2001 DATE (NOTE: Registered Agent signature required when reinstalling)
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME CLOUDEN PAT STREET ADDRESS 11596 94TH STREET NORTH CITY-ST-ZIP LARGO FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CHAMBERLAIN KATIE STREET ADDRESS 1322 1ST AVENUE, N.W. CITY-ST-ZIP LARGO FL 33770	<input type="checkbox"/> Delete	TITLE D NAME CHAMBERLAIN KATIE STREET ADDRESS 308 S LINCOLN #1 CITY-ST-ZIP CLEARWATER FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SLAUGHTER BENNETTA STREET ADDRESS 2433 KENT PLACE CITY-ST-ZIP CLEARWATER FL 34610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Katie Chamberlain	d	05/01/2001
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CR2E037 (11/00)