## **NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N 9900000 6290 GREENACRES U.F.W POST#4445

TITLE

NAME

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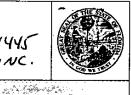
STREET ADDRESS

CITY-ST-ZIP

ED MANLY

6990 CLOVER CT

AKEWORTH FL



## FILED Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90294 032 \*\*\*\*70.00

DO NOT WRITE IN THIS SPACE

20042468 2. Principal Place of Business 3. Mailing Address 364 SWAW BLVD, Suite, Apt. #, etc. 364 SWAIN DO NOT WRITE IN THIS SPACE City & State City & State Applied For GREENACRES GREENACRES Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO-NOT-WRITE IN THIS SPACE 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. 9. Election Campaign Financing FEE IS \$61.25 Make Check Payable to \$5.00 May Be Initial or Amended UBR Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10 ROBERT CLEMENTS TITLE NAME NAME 439 SWAIN BLUD. STREET ADDRESS STREET ADDRESS GREENACRES FL. 33463 CITY-ST-ZIP CITY-ST-ZIP JOSEPH COX TITLE TITLE 2196 WHITE PINE CIR. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREENACRES FL 33415 CITY-ST-ZIP TIM JOHNSON TITLE NAME NAME 440-SANTA ANNA DR STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP LAKEWORTH FL 33461 CITY-ST-ZIP FRANCIS ALFAND TITLE QUD TITLE IN THIS SPACE NAME 6355 TALL CYPRESS CIR NAME STREET ADDRESS STREET ADDRESS GREENACRES FL 33463 CITY-ST-ZIP CITY-ST-ZIP CANUTE FERRIN TITLE D STREET ADDRESS 155 LOVE CRESCENT NAME NAME STREET ADDRESS ROYAL PALM BEACH FL 33411 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 effect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: FRANCIS ALFAND