2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State
01-29-2002 90076 034 ****61.25

DOCUMENT # N99000006295

1. Entity Name

CHRISTIAN ANTI-DEFAMATION LEAGUE ("CADL"), INC.

Principal Place of Business	Mailing Address
P.O. BOX 512761 PUNTA GORDA FL 33951	P.O. BOX 512761 PUNTA GORDA FL 33951

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0962138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLIS, W.S.
~~9244 W ATLANTIC BLVD # 1217~~
~~CORAL SPRINGS FL 33071~~

7. Name and Address of New Registered Agent

Name W.S. Hollis, Brig. General, U.S. Army (Ret)
Street Address (P.O. Box Number is Not Acceptable) 10725 Dowry Avenue
City Tampa, FL Zip Code 33615

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 W.S. Hollis W.S. Hollis 12 Jan 02
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T/D~~ ~~HOLLIS, W.S. BRIG. GENERAL~~ ~~9244 W ATLANTIC # 1217~~ ~~CORAL SPRINGS FL 33071~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D HOLLIS, W.S. BRIG. GENERAL 10725 Dowry Avenue Tampa, FL 33615	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D BEASLEY, JAMES G COL. 1613 FOREST RIDGE ROAD BIRMINGHAM AL 35226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D FOLLUO, CHARLES COL. 614 ERMAN BURKE VA 22015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/01)

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: W.S. Hollis W.S. Hollis / Trustee Director / 12 JAN 02 / (813) 891-0565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #