

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90394 043 ****61.25

DOCUMENT # N99000006777

1. Entity Name

DYING TO LIVE AGAIN FOUNDATION, INC.

Principal Place of Business

~~101 N. RIVERSIDE DR., #113~~
 POMPANO BEACH FL 33062

Mailing Address

101 N. RIVERSIDE DR., #113
 POMPANO BEACH FL 33062

2. Principal Place of Business

1901 E. Atlantic Blvd

3. Mailing Address

PO Box 1481

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, Fla

City & State

Pompano Bch, Fla

Zip

33062

Country

Broward

Zip

33061

Country

Broward

4. FEI Number

65-0967227

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAZIER, SARAH L

~~101 N. RIVERSIDE DR., #113~~
~~POMPANO BEACH FL 33062~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1901 E. Atlantic Blvd
 PO Box 1481

City

Pompano Beach

FL

Zip Code

33062

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

Sarah L. Brazier

SARAH L. BRAZIER

6/11/02

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|-------------------|---------------------------------------|------------------------|--------------------------|
| D | BALDWIN, STEVEN J | 101 N. RIVERSIDE DR., #113 | POMPANO BEACH FL 33062 | <input type="checkbox"/> |
| D | BRAZIER, SARAH L | 101 N. RIVERSIDE DR., #113 | POMPANO BEACH FL 33062 | <input type="checkbox"/> |
| D | LUTHER, ANNIE | 101 N. RIVERSIDE DR. | POMPANO BEACH FL 33062 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------|-----------------------|-------------|-------------------------------------|--------------------------|
| | | 1901 E. Atlantic Blvd | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 1901 E. Atlantic Blvd | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 1901 E. Atlantic Blvd | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Sarah L. Brazier

SARAH L. BRAZIER 954
 6/11/02 788 3430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0071990