2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **N99000006856** Jul 11, 2000 8:00 am Secretary of State THE KIMBERLY FOUNDATION, INC. 07-11-2000 90174 039 ****61.25 Mailing Address Principal Place of Business 1055_ROLLINGWOODS_LANE 1055 ROLLINGWOODS LANE LAKELAND-FL-33913 LAKELANTI FL 33813 3. Mailing Address 2. Principal Place of Business Woods 107 ROLL 107 Rolling Woods DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. akekad 4. FEI Number Applied For City & State City & State 59-3615678 Not Applicable Keland Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required USA 12 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LAUDON, JAMES 1055 ROLLINGWOODS LANE LAKELAND FL 33813 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change ☐ Delete TITLE TITLE NAME LAUDON, JAMES NAME STREET ADDRESS STREET ADDRESS 1055 ROLLINGWOODS LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Addition ☐ Delete TITLE Change D TITLE MUNDY, KENNETH NAME STREET ADDRESS STREET ADDRESS 932 HOLLINGSWORTH ROAD CITY-ST-ZIP CITY-ST-ZIE LAKELAND FL 33801 ☐ Change ☐ Addition Delete SHARPE, JACK NAME STREET ADDRESS STREET ADDRESS 3911 POLK AVENUE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Change Addition ☐ Delete TITLE TITLE NAME NAME speed, jerry STREET ADDRESS STREET ADDRESS 5029 SHADY LAKE LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

7-6-00 (863)683-460