FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90093 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80064257

DOCUMENT # P02000100832

1. Entity Name
WORTHINGTON FINANCIAL CORP

Principal Place of Business	Mailing Address
5425 AVENAL DRIVE LUTZ, FL 33558	5425 AVENAL DRIVE LUTZ, FL 33558

[X] CHECK HERE IF MAKING CHANGES.

2. Principal Place of Business		3. Mailing Address	
5425 Avenal Dr		5425 Avenal Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lutz, FL		City & State: Lutz, FL	
Zip: 33558	Country: USA	Zip: 33558	Country: USA

4. FEI Number: 35-2181521 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, COURTNEY C
1169 GOLDEN CANE DRIVE
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name: Courtney C. Bennett
Street Address (P.O. Box Number is Not Acceptable): 5425 Avenal Dr
City: Lutz, FL Zip Code: 33558

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.

SIGNATURE: [signature] 3/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BENNETT, COURTNEY C 1169 GOLDEN CANE DRIVE WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Bennett, Karen L 5425 Avenal Dr Lutz, FL 33558	☐ 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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CR2E034 (10/02)

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 607, 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: [signature] Courtney C Bennett 3/24/03 813-956-3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #