FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
07 APR -6 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000096895

1. Entity Name
THE JOAN OF ARC CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2618 11th Street W. Lehigh Acres	2618 44th St W Lehigh Acres
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres, FL	City & State: Lehigh Acres, FL.
Zip: 33971 Country:	Zip: 33971 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 050624974 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable):
1840 Coral Way, 4th Floor

City: MIAMI FL Zip Code: 33145

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 by officer/director of registered agent entity, if applicable) (Registered Agent signature required in other cases) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: PRESIDENT + DIRECTOR . T.	TITLE:
NAME: MONICA WINTER	NAME:
STREET ADDRESS: 2618 44 ST WEST	STREET ADDRESS:
CITY-ST-ZIP: LEHIGH ACRES FL 33971	CITY-ST-ZIP: 300096384433 04/11/07--01005--021 **150.00
TITLE: SECRETARY + DIRECTOR	TITLE:
NAME: FRANK DAVIS	NAME:
STREET ADDRESS: 2618 44TH ST WEST	STREET ADDRESS:
CITY-ST-ZIP: LEHIGH ACRES FL 33971	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
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CITY-ST-ZIP:	CITY-ST-ZIP:

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Monica Winter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MONICA WINTER
Date Daytime Phone #