2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 718090

1. Entity Name

Principal Place of Business

BOOTH, HELEN

2212 AZALEA PLACE WINTER PARK FL 32789

the obligations of registered agent.

LA AMISTAD FOUNDATION, INC.

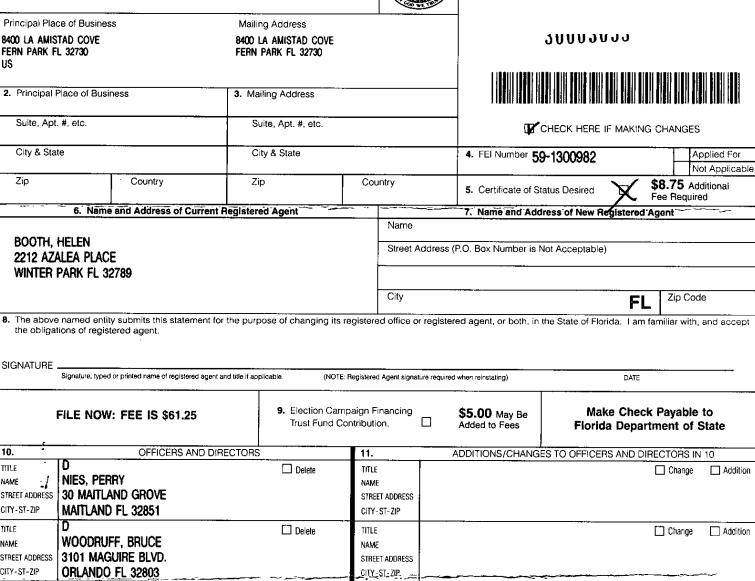


Mailing Address

2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State								
						Zip	Country	Zip	Country	
							3. Name and Address of Cu	rrent Registered Agent		
									Name	

FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90051 024 ****70.00



SIGNATURE	Signature, typed or printed name of registered agent and title if app	slicable. (NOTE: F	Registered Agent signa	ture required when reinstating)	DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS II	V 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIES, PERRY 30 MAITLAND GROVE MAITLAND FL 32851	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODRUFF, BRUCE 3101 MAGUIRE BLVD. ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY_ST_ZIP.		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RIMMER, LINDA 7531 S ORANGE BLOSSOM TRAIL ORLANDO FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUCHENE, TOM 5404 SILVER STAR ROAD ORLANDO FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IT. WILLIAMS, TERESA 679 MINNESOTA AVE. WINTER PARK FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWKENDALL, LIND 1251 MILLER AVE WINTER PARK, FL 3	Change STEA	Addition

12. I hereby certify that the information supplied with this filling 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:

<u>1/6/03 (407)331-7226</u>