

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90130 023 ****61.25

	1999	V.	THE STATE OF THE S	DIVISION OF CO	ORPORA	TIONS		05-06-1999	90130 023	3 ****61.2	25		
	MENT	# N039	47										
EARTH FOUNDATION INC.							504261 - 90130 - 23						
Principal Plac	e of Busines		Mail	ing Address									
8420 ULMERTON RD #404 LARGO FL 33771 US			#404	ULMERTON RD GO FL 33771									
2. Principal Place of Business				2a. Mailing Address				3. Date Incorporated or Qualifed 06/28/1984					
<u>.1 </u>				26			****	· ·····			I American Francisco		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			4. FEI Number 59-2972760			Applied For Not Applicable			
City & State			— —	City & State			5. Certifo	5. Certifcate of Status Desired See Required					
Zip	Country			Zip Country			6. Election Campaign Financing			\$5.00 May Be			
24		25	29		30			und Contribution		Added to	Fees`		
	9. Name	and Address of (Current Registe	red Agent		41 11 11 11	10. Name	and Address of New	Registered A	igent			
					8	1 Name	Laurie	B. San	15				
WADE, MI	CHAEL D				8		ress (P.O. Box	Number is Not Accep					
8420 ULM	IERTON RD)			-	384	74 /D	ee Ridge	Kraa				
#404					"	3 51	cite 2	02					
LARGO FL 33771					8	4			85 Zip C	ode 233			
11. Pursuant	to the provis	sions of Sections 6	17.0502 and 617	1.1508. Florida Statutes	s, the abo	ve-named corp	oration submit	s this statement for the		changing its	registered		
office or r agent. I a	registered ag am familiar/w	ent, or both, in the ith, and accept the	State of Florida obligations of, S	7.1508, Florida Statutes . Such change was aut section 617.0503, Florid	thorized b	y the corporations.	on's board of o	lirectors. I hereby acco	ept the appoin	tment as reg	jistered		
SIGNATURE		vru Z	amo	Laur	ie E	Sams	-)		4/-	24 <i>M</i>			
42	Signature, type	or printed name of fegisle	ered agent and title if a RS AND DIREC	·· · · · · · · · · · · · · · · · · · ·	Registered Ag	ent signature require		ONS/CHANGES TO O	DATE FEICERS AN	DIRECTO	RS IN 12		
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NAME	_	CHARL DEV D	١		1.2 NAMI	ì							
		ICHAEL D.(EX. D	,			ET ADDRESS							
CITY-ST-ZIP	TAMPA FI	Y STREET W			1.4 CITY								
TITLE	D			DELETE	2.1 TITLE			. 		Change	☐ Addition		
NAME	WAY, TIM	OTHY S			2.2 NAM								
STREET ADDRESS		STREET SE			2.3 STRE	ET ADDRESS							
CITY-ST-ZIP	RUSKIN F				2. 4 CITY	-ST-ZIP					_		
TITLE	D			☐ DELETE	3.1 TITLE					Change	☐ Addition		
NAME	WADE, EL	OWARD J.			3.2 NAMI								
STREET ADDRESS		Y STREET W			3.3 STRE	ET ADDRESS							
CITY-ST-ZIP	TAMPA F	<u> </u>			3.4. CITY	-ST-ZIP							
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

535-6217