NOT-FOR-PROFIT CORPORAT	ION	
<b>UNIFORM BUSINESS REPORT</b>	(UBR)	

UNIFORM BUSINESS REPORT (	UBR)		•		
DOCUMENT # N27205		י רדו רדו <i>י</i>			
The Ladies Art and Social Club, Inc.		FILED			
		02 JUN 28 AM 10: 17			
		SEC	RETARY OF STATE AHASSEE, FLORIE	<u>t</u> : 1Δ	
DO NOT WRITE IN THIS SPA	CE	TALL	Anasser, reome	'n	
2. Principal Place of Business 3. Mailing Address Some					
Suite, Apt. #, etc.  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State City & State	-	4. FEI Number 59 19	7 655	Applied For Not Applicable	
	Country	5. Certificate of Status Desired			
28211   (2.11)		7. Name and Address	of Current Registered Ag	ent	
DO NOT MOITE	Name Ros		s Greene		
DO NOT WRITE	Street Address	s (P.O. Box Number is Not	Acceptable)		
IN THIS SPACE	IN THIS SPACE 2892 East Park Ave Ste 2				
	City [O]	oposes	FL FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its regi	istered office or regist	ered agent, or both, in the	state of Florida.	1,13,001	
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE   Signature   Signature					
FEE IS \$61.25 Initial or Amended UBR  9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees	Department		
10. OFFICERS AND DIRECTORS			<u> </u>		
TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  Tallahassee, RL 30310	TITLE NAME STREET ADDRESS CITY-ST-ZIP		0062560! -07/08/02010 *****61.25 **	78014 <u>e</u>	
TITLE Carolus Bullard - Vice Assident	TITLE			CRZEC	
NAME STREET ADDRESS 3117 Brook Ridge Drive	NAME STREET ADDRESS			0	
CITY-ST-ZIP Tallamsee FL 032310	CITY-ST-ZIP				
" Sylvia Pethes - Secretary Dir.	TITLE NAME	•			
street ADDRESS 3303 Wheatley Road	STREET ADDRESS	DO 1	IOT WDIT		
CITY-ST-ZIP Tallahassee FL 32310	CITY-ST-ZIP	DO NOT WRITE			
Rosalyn B. Greene-Treasurer	TITLE NAME	IN T	HIS SPACI		
STREET ADDRESS 2455 W. W. Kelley Road MI.	STREET ADDRESS	4			
CITY-ST-ZIP (allahassee, PC 32B)	CITY-ST-ZIP TITLE				
TITLE NAME	NAME				
STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP			, 1	
CITY-ST-ZIP	TITLE		1		
TITLE NAME	NAME				
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP			KW	
12. I hereby certify that the information supplied with this filing does not qualify for the		Section 119.07(3)(i), Flori	da Statutes. I further certify	that the information	

SIGNATURE: