

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90290 050 \*\*\*\*61.25

**44038551**



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>70-0304581</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SAULSBURY, GERALDINE C  
 1634 STEVENS AVE  
 ORLANDO, FL 32806

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, JERRY <i>Deceased</i> <del>4627 CANARY ST</del> ORLANDO, FL 32806 <i>11-03</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, GENE 355 PINE BLVD MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOESCH, CHARLIE 12040 GRAY BIRCH CIRCLE ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MASON, JEFFREY 1634 STEVENS AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY, <del>BROCK</del> <i>Buck</i> 9906 SURREY RIDGE RD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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: Geraldine Saulsbury, Treasurer  
*Geraldine Saulsbury*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 4/23/04 Daytime Phone #: 407-275-7225