

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2004
Secretary of State**

DOCUMENT# 716469

Entity Name: FLORIDA NATIONAL PARKS & MONUMENTS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

10 PARACHUTE KEY #51
HOMESTEAD, FL 33034 US

Current Mailing Address:

New Mailing Address:

10 PARACHUTE KEY #51
HOMESTEAD, FL 33034 US

FEI Number: 59-0916076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SINGLETARY, CAULION
C/O FLORIDA NATIONAL PARKS & MON ASSN
10 PARACHUTE KEY #51
HOMESTEAD, FL 33034 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SPINELLI, FRANK DDS
Address: 83 NW 8TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: JACOBSEN, MARLOW
Address: 144 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: IVY, CURTIS R J
Address: 190 NW 29TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: SIMMONS, KEITH F
Address: 13300 SW 105TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: HUBBELL, DR. GORDON
Address: 150 BUTTONWOOD DR
City-St-Zip: KEY BISCAVNE, FL 33149

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: BROWN, JOE
Address: 4451 BUCKINGHAM CIRCLE
City-St-Zip: DECATUR, GA 30035

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAULION SINGLETARY

PRES

04/15/2004

Electronic Signature of Signing Officer or Director

Date