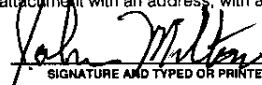


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90246 027 ****61.25

DOCUMENT # 764401 1. Entity Name REGION NO. 16 OF AFTCA, INC.					
Principal Place of Business 155 EAST 21ST STREET JACKSONVILLE, FL 32206 US				Mailing Address 155 EAST 21ST STREET JACKSONVILLE, FL 32206 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2215732				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04222004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent MILTON, JOHN 155 EAST 21ST STREET JACKSONVILLE, FL 32206				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFERS, RAY B. 118 NORTHSIDE DR. CEDARTOWN, GA 30125 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Don Price 7541 Motes Rd. Bryceville, FL 32009 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILTON, JOHN 155 EAST 21ST STREET JACKSONVILLE, FL 32206 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Milton 155 East 21st Street Jacksonville, FL 32206 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, CHAD 6151 HENLEY WAY MONTGOMERY, AL 36117 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Eddie Sholar P.O. Box 776, Leesburg, GA 31763 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, LUKE PO BOX 3950 JACKSON, GA 30233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bart Goodson 10426 McCracken Rd. Tallahassee, FL 32309 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLINGS, RICK P.O. DRAWER 70040 MONTGOMERY, AL 36107 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eddie Gibbs Rt. 2 Box 168 Marion Junction, AL 36759 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPELAND, LARRON 1031 SPEIR ROAD BRONWOOD, GA 31726 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Chad Holley 6151 Henley Way Montgomery, AL 36117 ☒ Change ☐ Addition		
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:  John Milton, President 4/22/04 (904) 355-1781 ext.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					