

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2004
Secretary of State**

DOCUMENT# N01000000433

Entity Name: ACCESS FOR AMERICA, INC.

Current Principal Place of Business:

10126 CHARLEMONT AVENUE
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

10126 CHARLEMONT AVENUE
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 65-1075951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, MARTIN D
10126 CHARLEMONT AVENUE
ENGLEWOOD, FL 34224

Name and Address of New Registered Agent:

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:

Title: CEO () Delete
Name: SMITH, MARTIN D
Address: 10126 CHARLEMONT AVENUE
City-St-Zip: ENGLEWOOD, FL 34224

Title: P/D () Delete
Name: SMITH, MARTIN D
Address: 10126 CHARLEMONT AVENUE
City-St-Zip: ENGLEWOOD, FL 34224

Title: SD () Delete
Name: SMITH, DAVENE
Address: 10126 CHARLEMONT AVENUE
City-St-Zip: ENGLEWOOD, FL 34224

Title: VPD () Delete
Name: WILDER, DOUG
Address: 530 CORTO ANDRA ST.
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: SMITH, DAVENE M
Address: 10126 CHARLEMONT AVENUE
City-St-Zip: ENGLEWOOD, FL 34224

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

Title: O/D () Change (X) Addition
Name: DAWKINS, DONALD
Address: 2300 FAIRFIELD AVE.
City-St-Zip: SARASOTA, FL 34232

Title: O/D () Change (X) Addition
Name: MYERS, TAMMY
Address: 9224 CYPRESS DR.N
City-St-Zip: FT.MYERS, FL 33912

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: MARTIN D. SMITH

P/D

04/08/2004

Electronic Signature of Signing Officer or Director

Date