2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004
Secretary of State

DOCUMENT# N02000008601

Entity Name: WEST JACKSONVILLE RESTORATION CENTER INC

Current Principal Place of Business:

3771 SPRING PARK ROAD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

4401 GEORGETOWN DR
JACKSONVILLE, FL 32210 US

Current Mailing Address:

3771 SPRING PARK ROAD
JACKSONVILLE, FL 32207 US

New Mailing Address:

4401 GEORGETOWN DR
JACKSONVILLE, FL 32210 US

FEI Number: 59-3536569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, STANLEY M
3771 SPRING PARK ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

WILLIAMS, STANLEY M
4401 GEORGETOWN DR
JACKSONVILLE, FL 32210 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: _____ 08/31/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, STANLEY M
Address: 3608 MORNING MEADOW LANE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: VP ( ) Delete
Name: WILLIAMS, EUNICE D
Address: 3608 MORNING MEADOW LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: SEC ( ) Delete
Name: WALKER, GERALD
Address: 11314 MONUMENT LANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: EUNICE WILLIAMS VP 08/31/2004
Electronic Signature of Signing Officer or Director — Date