

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90984 037 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N03000004002			
1. Entity Name USA MUSCULAR THERAPY CHARITIES, INC.			
Principal Place of Business 2126 WOODBRIDGE RD. LONGWOOD FL 32779		Mailing Address PO BOX 162571 ALTAMONTE SPRINGS FL 32716	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 57-1180317		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACLEOD, JOSHUA 2126 WOODBRIDGE RD. LONGWOOD FL 32779		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 <u><i>Dana G. Frye</i></u> <u><i>Fundraising Manager</i></u> <u><i>4/22/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW - FEE IS \$61.25 Due By: May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MACLEOD, JOSHUA 2126 WOODBRIDGE RD. LONGWOOD FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Fundraising manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dana G. Frye 988 Spring Valley Loop Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULT, SUSAN DR. P.O. BOX 2524 SANFORD FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CATRON, DAVID A 507 SAND WEDGE LOOP APOPKA FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>4-22-04</i></u> <u><i>407-521-9781</i></u> <small>Date Daytime Phone #</small>	