


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000005241**

1. Entity Name  
**DEERFIELD TRACE COMMUNITY, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>12412 SAN JOSE BLVD.<br/>         SUITE 104<br/>         JACKSONVILLE, FL 32223</b> | Mailing Address<br><b>12412 SAN JOSE BLVD.<br/>         SUITE 104<br/>         JACKSONVILLE, FL 32223</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03242005 No Chg-NP CR2E037 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>41-2116081</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**BRANIFF, MICHAEL  
 12412 SAN JOSE BLVD.  
 SUITE 104  
 JACKSONVILLE, FL 32223**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>BRANIFF, MICHAEL L<br/>12412 SAN JOSE BLVD #104<br/>JACKSONVILLE, FL 32223</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE IN THIS SPACE**

L00000315489  
 04/19/05-80037-006 61.25

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:** Michael L. Braniff **Michael L. Braniff** 3/28/05 260-9009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #