2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 8:00 am Secretary of State

DOCUMENT # N0300005316 1. Entity Name PANACEA WATERFRONTS FLORIDA PARTNERSHIP, INC. Principal Place of Business Mailing Address			03-31-2005 90052 041 ****61.25		
P. O. BOX 12 PANACEA, FL	29	P. O. BOX 129 PANACEA, FL 32346			
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apr.	#, etc. 30X 309	P.O. Box 30	9	02152005 Chg-NP CR2E037 (10/03)	
City & Stat	proville FL	Cranstorduille	e.FL	4. FEI Number APPLIED FOR 14-1922902 Applied For Not Applicable	
Zip スコス:	20 Country		Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	
MOWREY	RONALD A		Name		
MOWREY, RONALD A 515 N. ADAMS ST. TALLAHASSEE, FL 32301-1111			Street Address (P.O. Box Number is Not Acceptable)		
			City	₽ Zip Code	
6 The above				FL `	
the obligat	named entity submits this statement for t ions of registered agent.	tie purpose of changing its regis	tered office of registe	red agent, or both, in the State of Florida I am familiar with, and accept	
SIGNATURE .		~ 4 -		And the second s	
SIGNATURE .	Signature, typed or printed name of registered agent an	and described to the second	1 12		
	Organicate, typica or parties a feature or registered again and	o toe nappicable. (NOTE: Hegis	tered Agent signature require	d when reinstating) DATE	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaig Trust Fund Contril	n Financing	\$5.00 May 8e - Make check payable to Florida Department of State	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRE	9. Election Campaig Trust Fund Contri	n Financing	\$5.00 May 8e Make check payable to	
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12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.0/(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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05 (8.50)926-0909