

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

07-01-2004 90002 025****75.00
N03000008737

FILED


04 JUL -7 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01000310



MOORE CR2E037 (4/04) *du*

DOCUMENT # N03000008737			
1. Entity Name THE DABNEY MINATEE HERITAGE GROUP, INCORPORATED			
Principal Place of Business P O BOX 491905 LEESBURG FL 34749-1905 <i>Delete</i>		Mailing Address P O BOX 491905 LEESBURG FL 34749-1905 <i>Delete</i>	
2. Principal Place of Business <i>401 Mills St</i>		3. Mailing Address <i>401 Mills St</i>	
Suite, Apt., #, etc. <i>Leesburg, FL 34748</i>		Suite, Apt. #, etc.	
City & State <i>Leesburg, FL</i>		City & State <i>Leesburg, FL</i>	
Zip <i>34748</i>	Country <i>USA</i>	Zip <i>34748</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent WARD, MARGARET C 401 N. MILLS STREET LEESBURG FL 34748		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 <i>Margaret C. Ward</i>		DATE <i>6-30-04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	PCEO WARD, MARGARET 401 N. MILLS STREET LEESBURG FL 34748 <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	VP WATSON, CHARLES 1000 E. LINE STREET LEESBURG FL 34748 <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	VP TEARTT, LINDA 601 GOSS STREET LEESBURG FL 34748 <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	S GREEN, GERALDINE P O BOX 492526 LEESBURG FL 34748 <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	I COLEMAN, RALPH 221 BENTBOUGH DRIVE LEESBURG FL 34788 <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: <i>Margaret C. Ward</i>		Date <i>6-30-04</i> (352) 787-4293	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	