


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90348 047 ****61.25

DOCUMENT # N09075					
1. Entity Name FRANCIS #2 MOBILE PARK INC.					
Principal Place of Business 2800 REAL MCCOY DRIVE SEBRING, FL 33870			Mailing Address 2800 REAL MCCOY DRIVE SEBRING, FL 33870		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CROUSE, DONALD 2700 DESOTO ROAD SEBRING, FL 33870				Name STORK, MATHEW	
				Street Address (P.O. Box Number is Not Acceptable) 2729 PARADISE PATH	
				City SEBRING FL Zip Code 33870	
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>Matthew B Stork</i>				DATE 4/14/04	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
Filing 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	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIERDOFF, FLOYD		NAME	DIERDORFF, FLOYD	
STREET ADDRESS	3126 SAN FRANCISCO		STREET ADDRESS	2944 LAS VEGAS BLVD.	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLISE, BETTY		NAME	ANGLEHART, DONNA	
STREET ADDRESS	3145 PARADISE PATH		STREET ADDRESS	2835 LAS VEGAS BLVD.	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	SEBRING, FL 33440	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, EMORY		NAME		
STREET ADDRESS	3003 LAS VEGAS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, MATTHEW		NAME	STORK, MATHEW	
STREET ADDRESS	2129 PARADISE PATH		STREET ADDRESS	2729 PARADISE PATH	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROUSE, DONALD		NAME	ANGEVINE, JACKIE	
STREET ADDRESS	2700 DESOTO RD		STREET ADDRESS	186 11TH STREET	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Delete	TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDEN, GEORGE		NAME	WELDON, GEORGE	
STREET ADDRESS	2983 SAN FRANCISCO LN		STREET ADDRESS	2933 SAN FRANCISCO LANE	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	SEBRING, FL 33870	
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>Matthew B Stork</i>				DATE: 04/14/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 863-382-9898	

29098004



04122004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2650329 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
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