2005 NOT-FOR-PROFIT CORPORATION

FILED Jan 14, 2005 8:00 am

DOCUMENT # N18637		ANNUAL	56	Secretary of State				
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City & State FORT Wather DEACH, FL Cliny & State Country Zp Country Zp Country Zp Country Zp Country Zp Country Sp-2754795 Sc-2754795	2. Principal P	ace of Business BOLINK ST NE	3. Mailing Address					
Secretary Secr	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 C	ng-NP CR26	E037 (10/03)	
Second color Seco								
EACKEY, MARTHA C. 5 CASWELL CIRCLE MARY ESTHER, FL 32569 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 onligations of registered agent. FILING Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS IN 10.	Zip	Country	Zip	Country	5. Certificate of St	atus Desired		
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	LACKEY, I	MARTHA C.		Name				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature hoed or printed reme of registered agent and title if applicable. (NOTE Registered Agent signature required aren remastery) DATE	5 CASWEL	LL CIRCLE	Street Ad	Idress (P.O. Box Number is	Not Acceptable)			
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Signature. Noted or printed name of registered agent and side if applications. NOTE: Registered Agent signature recoved when reinstating)\ QATE	the obligat	ions of registered agent.						
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12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Degrime Phone •