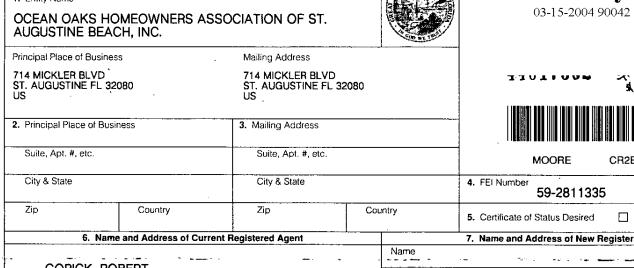
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N39531

1. Entity Name



FILED Mar 15, 2004 8:00 am **Secretary of State**

03-15-2004 90042 049 ****61.25

۶ 61, CR2E037 (11/03) Applied For Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent GORICK, ROBERT 714 MICKLER BLVD Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32080 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS 11. VPD **⊠** Delete TITLE TITLE VPD ★ Addition Change HALTOF, FRED NAME -NAME MARK Welsh 26 SURFCREST ST 5 surfcrest drive STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP ST. Augustine, Fl. 32080 President TITLE Delete TITLE ☐ Change Addition HALE, MICHAEL FRED SCHMALKUCHE NAME 413 OCEAN DR 19 SUNFISH DRIVE STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP ST. Augustine, F1.32080. ☐ Delete ☐ Addition Change GORICK, ROBERT R NAME NAME 714 MICKLER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32080 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition GALANTOWICZ, RICHARD NAME NAME 49 OCEAN COURT STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

Robert SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR