2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004
Secretary of State

DOCUMENT# N47201

Entity Name: DAMAYAN, INC.

Current Principal Place of Business:

1656 LEGION ST
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

1401 HIGH ROAD
TALLAHASSEE, FL 32304 US

Current Mailing Address:

P.O. BOX 38401
TALLAHASSEE, FL 323158401 US

New Mailing Address:

FEI Number: 59-3113153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHASE, WENDY DR
6509 MAN-O-WAR TRAIL
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHERRIER, JENNIFER DR
Address: 1919 ATAPHA NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: CHASE, WENDY
Address: 6509 MAN-O-WAR TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: BOYER, JEANETTE
Address: RT 1 BOX 1065
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: MASTRAP, LIZ
Address: 645 BEARD STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: PHIPPS, LAURA
Address: RT 9 BOX 195
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: SWANSON, RUSSELL
Address: 1917 ATAPHA NENE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MASTRAPA, LIZ
Address: 645 BEARD STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZ MASTRAPA D 02/03/2004

Electronic Signature of Signing Officer or Director — Date