


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90012 002 \*\*\*\*70.00

<b>DOCUMENT # N49840</b>			
1. Entity Name ASSOCIATION OF FLORIDA LAUBACH ORGANIZATIONS, INC.			
Principal Place of Business 900 BELLEVUE AVENUE DAYTONA BEACH, FL 32114-5108 US		Mailing Address 900 BELLEVUE AVENUE DAYTONA BEACH, FL 32114-5108 US	
2. Principal Place of Business 924 N. Magnolia		3. Mailing Address Elsie Swafford c/o PPLCS	
Suite, Apt. #, etc. Suite 319		Suite, Apt. #, etc. 4487 Lafayette St., Suite 4	
City & State Orlando, FL		City & State Marianna, FL	
Zip 32803	Country US	Zip 32446	Country US
8. Name and Address of Current Registered Agent  MAUSHUND, LORI S 900 BELLEVUE AVENUE DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Elsie L. Swafford - Treasurer Street Address (P.O. Box Number is Not Acceptable) 4487 Lafayette Street, Suite 4 City Marianna FL Zip Code 32446	
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>Elsie L. Swafford (Elsie L. Swafford)</i>		DATE 5-1-04	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, MARTHA A 3940 18TH AVE SOUTH SAINT PETERSBURG, FL 33711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kevin Freer 1372 Dutch Elm Drive Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHARP, GWEN 1362 MAHAMA BLUFF RD GREEN COVE SPRINGS, FL 32043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jim Wilder 2981 S. Lookout Boulevard Port St. Lucie, FL 34984 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAUSHUND, LORI S 900 BELLEVUE AVENUE DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Elsie L. Swafford 4487 Lafayette Street, Suite 4 Marianna, FL 32446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEDEL-GROOMS, SHARON 423 NESBITT COURT DAVENPORT, FL 33837 <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	D BROWN, JULIA MAE 3140 N.W. 19TH STREET FT. LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Director Roberta Reiss 8787 Tamiami Trail East Naples, FL 34113 <input checked="" 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	Board of Director Ginger Brooks P.O. Box 945 Vernon, FL 32462 <input checked="" 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>Elsie L. Swafford - Elsie L. Swafford</i>		Date 5-4-04 (850) 482-9296	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date Daytime Phone #	