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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002876

1. Entity Name
MAHOGANY REVUE RESEARCH AND DEVELOPMENT CENTER, (MR.RDC), INCORPORATED

01092004 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
903 OSCEOLA AVE. OCALA, FL 34470	P. O. BOX 4954 OCALA, FL 34478

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3514224 ☐ 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
FERNANDEZ, FRANCISO 903 OSCEOLA AVE. OCALA, FL 34470	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
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. ☐ **$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	D LEWIS-KHUFIA, CANDACE N 1310 W. SILVER SPRINGS OCALA, FL 34475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200026884462 01/13/04--01090--005 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAYLOR, IDA 102 NE 10TH AVE., #A1 GAINESVILLE, FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TAYLOR, MARVIA 102 NE 10TH AVE., #A1 GAINESVILLE, FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: See attached
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Business Entity Name
MAHOGANY REVUE RESEARCH AND DEVELOPMENT CENTER, (MR.RDC), INCORPORATED

FEI Number: 593514224

FEI Number Status: ○ Applied For ○ Not Applicable ◉ Current

Certificate of Status Desired: ○ Yes ◉ No $8.75 each

Principal Place of Business

Address	903 OSCEOLA AVE.
Suite, Apt. #, etc.	
City, State	OCALA, FL
Zip Code & Country	34470

Mailing Address

Address	P. O. BOX 4954
Suite, Apt. #, etc.	
City, State	OCALA, FL
Zip Code & Country	34478

Name And Address of Registered Agent

Name (Last, First, Middle, Title)	FERNANDEZ, FRANCISO, ,
-or- RA Business Name	
Address	903 OSCEOLA AVE.
Suite, Apt. #, etc.	
City, State	OCALA, FL
Zip Code & Country	34470

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

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Business Entity Name
MAHOGANY REVUE RESEARCH AND DEVELOPMENT CENTER, (MR.RDC), INCORPORATED

Election Campaign Financing Trust Fund Contribution ○ Yes ◉ No

Officer/Director Name And Address

Title	D			
Name (Last, First, Middle, Title)	LEWIS-KHUFIA	CANDACE	N	
-or- Entity Name				
Street Address	1310 W. SILVER SPRINGS			
City, State	OCALA	FL		
Zip Code & Country	34475			

Title	SD			
Name (Last, First, Middle, Title)	TAYLOR	IDA		
-or- Entity Name				
Street Address	102 NE 10TH AVE., #A1			
City, State	GAINESVILLE	FL		
Zip Code & Country	32601			

Title	TD			
Name (Last, First, Middle, Title)	TAYLOR	MARVIA		
-or- Entity Name				
Street Address	102 NE 10TH AVE., #A1			
City, State	GAINESVILLE	FL		
Zip Code & Country	32601			

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

○ **List more than six Officers/Directors** ◉ **No additional Officers/Directors to list**

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title CEO

Officer/Director Signature

Continue Reset

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