## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 06, 2004 8:00 am Secretary of State

1. Entity Nan	MENT # N930000 REET ZEPHYRHILLS, IN			Carrier Carrier			07-06-200	90117 _	010 ****	70.00
Principal Place of Business Mailing Address 5524 7TH STREET ZEPHYRHILLS, FL 33542 US ZEPHYRHILLS, FL 3354.				42 US				1 11 FEB1 61 89		: [[##] 31 [##]
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			06302004	Chg-NP	CR2EC	37 (10/03)	
City & State		City	y & State			4. FEI Numbe 59-3192			ن است	oplied For ot Applicable
Zip	Country	Zip		Countr	у	5. Certificate	of Status Desired	<b>*</b>	\$8.75 Add	
	6. Name and Address of Curr	ent Registere	d Agent			7. Name and	Address of New	Registered	Agent	
CRAIG, CYNTHIA M 5224 7TH STREET				L	Name Street Address (P.O. Box Number is Not Acceptable)					
ZEPHYRH	IILLS, FL 33542			F			· · · · · · · · · · · · · · · · · · ·	···-·	1	
					City			FL	Zip Cod	e
8. The above the obligat	named entity submits this statemer ions of registered agent.	nt for the purpo	ose of changing its r	egistered (	office or register	red agent, or bot	h, in the State of F	Torida. I am	familiar with,	and accept
CIONATURE	7. 1			-				•		-
SIGNATURE .	Signature, typed or printed name of registered e	gent and title if appl	icable (NOTE:	: Registered Ag	gent signature required	f when reinstating)		DATE		<del></del>
	Signature, typed of printed name of registered a Filling Fee is \$61.25 ue by September 8, 2004	gent and title if appl	9. Election Cam Trust Fund Co	paign Fina	incing	\$5.00 May Be Added to Fees		Make chec	k payable to	
	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND		9. Election Cam	paign Fina	incing	\$5.00 May Be Added to Fees		Wake chec rida Depa	rtment of Si	tate
Do 10.	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND		9. Election Cam	paign Fina ontribution.	incing	\$5.00 May Be Added to Fees ADDITIONS/CHA	ANGES TO OFFICE	Wake chec rida Depa	rtment of Si	tate
DO TITLE NAME	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND PD LINVILLE, TERRY		9. Election Cam Trust Fund Co	paign Fina ontribution. 11. TITLE NAME	PD CHAM	\$5.00 May Be Added to Fees ADDITIONS/CHA	ANGES TO OFFICE	Wake chec rida Depa	rtment of SI IRECTORS IN	10
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND PD LINVILLE, TERRY 4622 GALL BLVD		9. Election Cam Trust Fund Co	paign Fina ontribution.  11.  TITLE  NAME  STREET A	ODRESS 384	\$5.00 May Be Added to Fees ADDITIONS/CHA NCEY, TRINI 34 572 AV6	NGES TO OFFICE	Make chec rida Depa ERS AND D	rtment of SI IRECTORS IN	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 ue by September 8, 2004  OFFICERS AND PD LINVILLE, TERRY 4622 GALL BLVD ZEPHYRHILLS, FL 33542		9. Election Cam Trust Fund Co	paign Fina ontribution.  11. TITLE NAME STREET A CITY-ST-	DDRESS 3847	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFICE	Make chec rida Depa ERS AND D	rtment of SI IRECTORS IN  Change	I 10 Addition
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 8, 2004  OFFICERS AND PD LINVILLE, TERRY 4622 GALL BLVD ZEPHYRHILLS, FL 33542 VPD		9. Election Cam Trust Fund Co	paign Fina ontribution.  11.  TITLE  NAME  STREET A	DDRESS 3847 ZEP	\$5.00 May Br. Added to Fees ADDITIONS/CHA UCEY, TRING STE AVE UCEY, TRING	NGES TO OFFICE	Make chec rida Depa ERS AND D	rtment of SI IRECTORS IN	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 ue by September 8, 2004  OFFICERS AND PD LINVILLE, TERRY 4622 GALL BLVD ZEPHYRHILLS, FL 33542		9. Election Cam Trust Fund Co	paign Fina ontribution.  11. TITLE NAME STREET A CITY-ST-	DDRESS 5301	\$5.00 May BY Added to Fees ADDITIONS/CHANGE TRINKS OF AN CONTRACT OF AN CONTRACT OF AN CONTRACT OF A CHANGE TO BERNADE	ANGES TO OFFICE A E FL 33542 THE DR	Make chec rhda Depa ERS AND D	rtment of SI IRECTORS IN  Change	110 Addition
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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: \_\