


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000000967**

1. Entity Name  
**THE CHEROKEE FLYERS, INC.**



Principal Place of Business 2922 PIPER DRIVE VERO BEACH, FL 32960	Mailing Address 2922 PIPER DRIVE VERO BEACH, FL 32960
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**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3557096	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W  
 756 BEACHLAND BLVD  
 VERO BEACH, FL 32963

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000075143  
 03/03/04-80047-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREEN, RICHARD M 2140 DUNMORE LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KEEN, JOEL M 1116 32ND AVE. SW VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILES, CAROL A 6905 CITRUS PK BLVD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLS, TERRI L 4435 6TH PLACE SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GALLO, JOHN 660 45TH COURT SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T O'MALLEY, R P 1120 31ST AVE VERO BEACH, FL 32960

**DO NOT WRITE IN THIS SPACE**

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:** *Carol A. Mills Treasurer* **2/27/04** **772-465-4189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #