2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU 1. Entity Nam EATONV			Feb 04, 2004 08:00 AM Secretary of State			1		
Principal Plac	e of Business	Mailing Address						
545 CLARK STREET EATONVILLE FL 32751 US		P O BOX 941543 MAITLAND FL 32794-1543 US				: 12:32 12:11 22:11 22:11 22:11 22:11 22:11 22:11 22:11 22:11 22:11 22:11 22:11 22:11 22:11 22:11 22:11 22:11		((#) #) (##)
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.		M	OORE CR2EC	37 (11/03)		
City & State		City & State			4. FEI Number	9-3596187	No	plied For t Applicable
Z ₁ 0	Country	Zip	Country		5. Certificate of St		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Add	ress of New Registere	i Agent	
NASH, EVELYN 545 CLARK ST EATONVILLE FL 32751			<u></u>	Street Address (P.O. Box Number is Not Acceptable)				
			City			F	L Ep Cou	-
SIGNATURE Stgnature, typed or printed name of registered agent and file if applicable. (NOTE Registered Age (NOT				Nice required	d when reinstating) \$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND I	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC NASH, EVELYN 545 CLARK ST EATONVILLE FL 32751	☐ Delete	THRE NAME STREET ADDRESS CITY-ST-ZP			U00000034578 35/04-80088-07	Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D NATHIRI, NY 227 E KENNEDY BLVD EATONVILLE FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-2IP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, BEULAH R 6 EATON STREET MAITLAND FL 32751	☐ Detele	TITLE NAME STREET ADDRESS CXIY-SI-ZIP				☐ Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Belete	TITLE NAME SIPEET ADDRESS CITY-ST-ZIP		· ·		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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:

August 19.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), 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 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: Kalen

FILED