

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB -2 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01142004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2393289

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRISTOFARO, GARY T
113 KRISTI DRIVE
IND HAR BCH, FL 32937

7. Name and Address of New Registered Agent

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 _____
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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	JOSEPH, JEFF	
STREET ADDRESS	399 LAKE VICTORIA DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOWE, ROBERT	
STREET ADDRESS	204 VERSAILLES DR	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, DAVID	
STREET ADDRESS	9000 SCARSDALE COURT C & D	
CITY-ST-ZIP	WEST-MELBOURNE, FL	
TITLE	SL	<input type="checkbox"/> Delete
NAME	CRISTOFARO, GARY	
STREET ADDRESS	113 KRISTI DRIVE	
CITY-ST-ZIP	IND HAR BCH, FL 32937	
TITLE	BM	<input type="checkbox"/> Delete
NAME	MAHONEY, BRIAN	
STREET ADDRESS	1971 TALL OAK ROAD	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600027021106
CITY-ST-ZIP	01/15/04--01025--005 **61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-04