2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711711

FILED May 15, 2004 Secretary of State

Entity Name: TANGELO PARK CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

TANGELO BAPTIST CHURCH
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address: New Mailing Address:

5006 SHOSHONE ST. ORLANDO, FL 32819 US

FEI Number: 31-1779827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLISON ANTHONY 5006 SHOSHONE ST ORLANDO, FL 32819 US

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.

SIGNATURE:

· ____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:ANTHONY, ALLISONName:ANTHONY, ALLISONAddress:5006 SHOSHORE AVEAddress:5006 SHOSHONE AVE

City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 FELIX, SHIRLEY
 Name:
 ONLY, THOMAS

 Address:
 4930 ANZIO ST
 Address:
 4829 SHOSHONE

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

Title: S () Delete Title: () Change () Addition

 Name:
 JACKSON, MILDERD
 Name:

 Address:
 5050 VANGUARD ST
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 KEENS, DOROTHY
 Name:

 Address:
 4935 SHOSHONE ST
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:

Title: TP () Delete Title: () Change () Addition

 Name:
 HARRSON, VIRGINA
 Name:

 Address:
 7707 CASSION AVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:

Title: TP () Delete Title: TP (X) Change () Addition

Name: ONLY, THOMAS Name: MCNAIR, FELISA
Address: 4829 SHOSHONE ST. Address: 4910 POLARIS STREET
City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON ANTHONY PD 05/15/2004