2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2004 8:00 am Secretary of State

1. Entity Nan	MENT # 719072	NDATION, INC.	. (04-09-200)4 90075 0	35 ****	70.00
Principal Place of Business 2339 WEDNESDAY ST TALLAHASSEE, FL 32308 US PO BOX 12608 TALLAHASSEE, FL 3231			17-2608 US		4	1402541	6		
2. Principal Place of Business 3. Mailing Address 1982-C Capital Circle NE									
Suite, Apt.		Suite, Apt. #, etc.			04072004	Chg-NP	CBaEnaa	7 (10(00)	
City & State Ci		ity & State		4. FEI Numbe		CR2E037	<u> </u>	plied For	
Tallahassee, FL					59-615				t Applicable
^{Zip} 32308	3 Country USA	Zip	Count	try	5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current Registe	red Agent		Name _	7. Name and	Address of New I	Registered Ac	gent	
	CHRISTINE			Sar	··· -	11114.00			
2339 WEDNESDAY ST TALLAHASSEE, FL 32308			_	Street Address (dress (P.O. Box Number is Not Acceptable) 2-C Capital Circle NE				
						re		_	
				Tallahassee FL 32308				-	
8. The above the obligation	named entity submits this statement for the putions of registered agent.	rpose of changing its	registered	office or register	red agent, or bot	h, in the State of Fl	lorida. I am fa	miliar with,	and accept
CICLLATURE	Christing of St	asere		•	•		4/11	i co	
SIGNATURE	Signature, typed or printed name of registered agent and title if a	pplicable. (NOTE	: Registered A	Agent signature required	d when reinstating)		DATE	7	,
SIGNATURE	Signature, typed or printed name of registered agent and title if a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Carr Trust Fund C	npaign Fina	ancing	\$5.00 May B Added to Fees	e N	DAYE Make check rida Departn		
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRECTOR	9. Election Carr Trust Fund C	npaign Fina	ancing n	\$5.00 May B Added to Fees	e Flo	rida Departn	nent of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRECTOF	9. Election Carr Trust Fund C	npaign Fina Contribution	ancing n	\$5.00 May B Added to Fees ADDITIONS/CHA	Flo	rida Departn	nent of St	ate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04 38C 8857