2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725528

FILED Mar 13, 2004 Secretary of State

Entity Name: FLORIDA SOCIETY FOR HISTOTECHNOLOGY, INC.

New Principal Place of Business: Current Principal Place of Business: 970 CLYMIL DR CANTONMENT, FL 32533 **Current Mailing Address: New Mailing Address:** 970 CLYMIL DR CANTONMENT, FL 32533 FEI Number: 23-7320979 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: DAY, JANET 970 CLYMIL DR CANTONMENT, FL 32533 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: (X) Change () Addition () Delete CLARK, SUSAN SANTIAGO, JERRY Name: Name: Address: 1720 BAYBERRY DRIVE Address: 9119 SW 61ST PLACE City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: GANIESVILLE, FL 32608 Title: () Delete Title: (X) Change () Addition FERRE, PENELOPE Name: Name: CLARK, SUSAN Address: 3730 OAK STREET NE Address: 1720 BAYBERRY DRIVE City-St-Zip: ST PETERSBURG, FL 33704 City-St-Zip: PEMBROKE PINES, FL 33024 Title: () Delete Title: (X) Change () Addition DAY, JANET DAY, JANET Name: Name: 970 CLYMIL DR Address: Address: 970 CLYMIL DR CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: Title: () Delete Title: () Change (X) Addition CHARLOTTE, KOPCZYNSKI Name: Name: Address: Address: 715 STONEHENGE WAY City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683

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: JERRY SANTIAGO Ρ 03/13/2004