


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 25, 2004 08:00 AM  
Secretary of State

DOCUMENT # 726762 1. Entity Name BUTLER CHAIN CONSERVATION ASSOCIATION, INC.	
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Principal Place of Business 4226 DOWN EAST LN WINDEMERE, FL 34786	Mailing Address PO BOX 405 WINDEMERE, FL 34786
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03032004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 23-7088397	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
PAGE, FRANK L CPA  
6068 S APOPKA VINELAND RD  
SUITE 5  
ORLANDO, FL 32819

**DO NOT WRITE IN THIS SPACE**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000095881 03/25/04-80010-020 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRWIN, TERRY 5211 LATROBE DR WINDERMERE 00000, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COGSWELL, LUCY 10553 DOWN LAKEVIEW CIR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONNOLLY, ANN 4226 DOWN EAST LN WINDERMERE, FL 34786
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Ann Connolly ANN CONNOLLY 3/22/2004 407-876-4686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #