2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 04, 2004 08:00 AM **DOCUMENT # 727791 Secretary of State** FLORIDA EAGLE FORUM, INC. Principal Place of Business Mailing Address 3095 KENNESAW ST FORT MYERS FL 33916 3095 KENNESAW ST FORT MYERS FL 33916 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 23-7410309 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, LANNY W SR Street Address (P.O. Box Number is Not Acceptable) 3095 KÉNNESAW ST FORT MYERS FL 33916 City 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 life if applicable DATE (NOTE, Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change Addition TITLE RAMSEUR, MARJORIE MAME NAME U00000076306 03/04/04-80023-004 61.25 3733 RIVER HALL DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32217 CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MERRITT, ELAINE NAME NAME 276 TIMBERLANE RD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE SUSCO, BARBARA NAME NAME 7164 ST. ANDREWS RD. STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CITY+ST-ZIP TITLE TITLE Change Addition ☐ Delete BRAVIDO, CAROL NAME NAME 13412 ASHCROFT LANDING CT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRIFFIN, CAROLE NAME NAME 2601 KILLARNEY WAY STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP TIBLE ☐ Delete TITLE Change Addition MOORE, LANNY MARKE NAME 3095 KENNEGAW NST STREET ADDRESS STREET ADDRESS FORT MYERS FL 33916 CITY-ST-78P 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

OFFICER OR DIRECTOR