2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # 727944								01-20-2004 90085 021 ****61.25				
1. Entity Name FRIENDS OF MCINTOSH, INCORPORATED								•				
Service Services Services and and							-	<u>.</u>				
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Principal Place of Business Mailing Address MACINTOSH P 0 BOX 436									2400	2980	 .	
MCINTOSH, F	TOSH, FL 32664 US											
2. Principal Place of Business 3. Mailing Address												
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Suite, Apt.	#, etc.		Sui	Suite, Apt. #, etc.				. 01092004	hg-NP	CR2E03	7 (10/03)	
City & State	е	 :: : : : : : : : : : : : : : : : :	City	City & State				4. FEI Number	00			plied For
7- Country			Zin	Zip Cou			23-73761		02		Not 88.75 Add	Applicable
Žip		Country	Zip	ار بادور		Country		5. Certificate of S	Status Desired		ee Required	itional
	6. Name	and Address of Currer	nt Registere	d Agent				7. Name and Ad	dress of New R			
SMITH, EL	INICE M					Name						
5900 AVE G						Street Ac	dress (I	P.O. Box Number is	Not Acceptable	e)		
P.O. BOX 103 MCINTOSH, FL 32664												
Wildliff Colf, i E OZGG4						City				FL	Zip Code	,
D. The shows		h mita this statement	for the even	and of abanding its	ro alatar	ad office or	ragistar	rad agent or both i	n the State of Ele		amiliar with	and accept
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.												
	5 3		• .	$(1-\delta)^{-1} = \delta \cdot (G)$								
SIGNATURE 1. 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 Trust Fund Contribut								\$5.00 May Be Added to Fees			payable to ment of St	
10. OFFICERS AND DIRECTORS								ADDITIONS/CHAN	GES TO OFFICE	RS AND DIF	RECTORS IN	10
TITLE	· ·				TITL		D				(X) Change	☐ Addition
NAME STREET ADDRESS	LITTLE, SHARON A ADDRESS BOX 351 21950 HWY 441 N					AE EET ADDRESS	0.0	St Chill				
CITY-ST-ZIP MCINTOSH, FL 32664					4	r-ST-ZIP	nac	X 674 ZINTOSH,	G. 326	64		
TITLE	CSD		☐ Delete	TITL	.E	1110	2110 10 211 ,	, , , , ,	-	☐ Change	☐ Addition	
NAME		R, BEVERLY		NA CX								
STREET ADDRESS CITY-ST-ZIP -	P.O. BOX	(481 SH, FL 32664				EET ADDRESS /-St-Zip						
TITLE	TD	51,7 1 02001	☐ Delete	TITL		··-				☐ Change	☐ Addition	
NAME	SMITH, EUNICE M.					AE - 3	<u></u>	حدر عبد الح			-T -, ≟ -	. = _
STREET ADDRESS CITY-ST-ZIP	5900 AVE				EET ADDRESS 1-ST-ZIP						-	
TITLE	D	3H, FL 32004		☐ Delete	τıπ						☐ Change	Addition
NAME	RATH, C	HRIS		belete	NAN							
STREET ADDRESS	6200 AVE			•		EET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP	RSD	SH, FL 32664		☐ Delete	TITL						☐ Change	☐ Addition
NAME	REVELS	, DIANE		□ Delete	NAA						onengo	
STREET ADDRESS	РО ВОХ					EET ADDRESS						
CITY-ST-ZIP		SH, FL 32664		l Υ α.	_	Y-ST-ZIP	25	•			Channe	TOT NAMES
TITLE NAME	D HOPWO	OD, ALFRED		Delete Delete	TITL NAA		70	(GIVIN			☐ Change	Addition 1
STREET ADDRESS	ET ADDRESS 5502 BRENNAN LANE ST						20	BOXJ INTOSH	 .			
CITY-ST-ZIP	<u> </u>	SH, FL 32664	the second	d 19 ·	_	Y-ST-ZIP	Mc	INTOSH,	FL Florido Circo	l for all to the	NE ALLES	
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: X Eurice m. Smith X Jan 15, 2004 353-691-1336 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #												
1		SIGNATURE AND TYPED (JR PRINTED NAM	ie of Signing OfficeA	OH DIREC	HUH	- //	/	Uate		ayıme Phone #	1

EUNICE M SMITH