

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

01-20-2004 90085 021 \*\*\*\*61.25

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<b>DOCUMENT # 727944</b>					
1. Entity Name <b>FRIENDS OF MCINTOSH, INCORPORATED</b>					
Principal Place of Business <b>MACINTOSH MCINTOSH, FL 32664</b>			Mailing Address <b>P O BOX 436 MCINTOSH, FL 32664 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		4. FEI Number <b>23-7376102</b>
					Applied For <input type="checkbox"/> Not Applicable
					5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SMITH, EUNICE M. 5900 AVE G P.O. BOX 103 MCINTOSH, FL 32664</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, SHARON A		NAME		
STREET ADDRESS	BOX 351 21950 HWY 441 N		STREET ADDRESS	BOX 674	
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP	MCINTOSH, FL 32664	
TITLE	CSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODDER, BEVERLY		NAME		
STREET ADDRESS	P.O. BOX 481		STREET ADDRESS		
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, EUNICE M.		NAME		
STREET ADDRESS	5900 AVE G		STREET ADDRESS		
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATH, CHRIS		NAME		
STREET ADDRESS	6200 AVENUE H		STREET ADDRESS		
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP		
TITLE	RSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVELS, DIANE		NAME		
STREET ADDRESS	PO BOX 315		STREET ADDRESS		
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPWOOD, ALFRED		NAME	T.J. FLYNN	
STREET ADDRESS	5502 BRENNAN LANE		STREET ADDRESS	PO BOX J	
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP	MCINTOSH, FL	
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: <i>Eunice M. Smith</i>		Date: <i>Jan 15, 2004</i>		Daytime Phone #: <i>352-691-1336</i>	
<b>EUNICE M SMITH</b>					