2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2004 8:00 am Secretary of State

02-23-2004 90040 020 ****61 25

1. Entity Nam	MENT # 72			2-23-2004 90040 (020 01.23			
Principal Place of Business Mailing Address 407 WAKIVA SPRINGS RD 407 WAKIVA SUITE 241 SUITE 241 SUITE 240 SUITE 241							54009749	
LONGWOOD, FL 32779 LONGWOOD, FL 32779								
2. Principal Place of Business PC Box 5104 Suite, Apt. #, etc.		3. Mailing Address PO Box 5104 Suite, Apt. #, etc.		(
		City & State		01142004 C	hg-NP CR2E0	037 (10/03) Applied For		
Lakel	land.	FL untry	Lakeland	FL	59-148780)6	Not Applicable	
Zip 338	\$07 FO	USA	33807	USA	5. Certificate of S		\$8.75 Additional Fee Required	
Name								
SUITE 170					ddress (P.O. Bax Number is	(P.O. Box Number is Not Acceptable)		
WINTER PARK, FL 32789					FL 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								
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Filing Trust Fund Contribution					\$5.00 May Be Added to Fees		ck payable to ertment of State	
10		FFICERS AND DIR						
10.				11.		ES TO OFFICERS AND D		
TITLE NAME	PD MCKENNA, DAN		ECTORS Delete	TITLE NAME	MCKENNA, DAN		DIRECTORS IN 10 Change Addition	
TITLE	PD MCKENNA, DAN PO BOX 11013	IIEL J		TITLE	VP MCKENNA, DAN PO BOX 11013	IIEL J		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MCKENNA, DAN PO BOX 11013 CINCINNATI, OH	IIEL J 1 45211		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP MCKENNA, DAN PO BOX 11013 CINCINNAT, 5D	IIEL J		
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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:

att COMP Patrick C Duffer GRATURE AND TYPED OF PRINTED PARE OF SIGNING OFFICER OR DIRECTOR

01 15 2004

813-641-5119

Daytime Phone #