


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 730897
 1. Entry Name
NEWCOMER'S S.M.M. COMMITTEE, INC.



Principal Place of Business 861 MAITLAND AVE ALTAMONTE SPRGS, FL 32701	Mailing Address 861 MAITLAND AVE ALTAMONTE SPRGS, FL 32701
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DO NOT WRITE IN THIS SPACE



03312004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0877829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MITCHELL, CHARLES I
 700 SPRING LAKE RD.
 ALTAMONTE SPRINGS, FL 32701

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000103471
 04/05/04 88656 011 245.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MITCHELL, CHARLES I 700 SPRING LAKE RD. ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAGEE, ARLENE 100 EASTERN FORK LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RABORN, KAREN 514 RIVIERA DR ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *[Signature]* Date: 4/1/04 Daytime Phone #: 407 831-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR