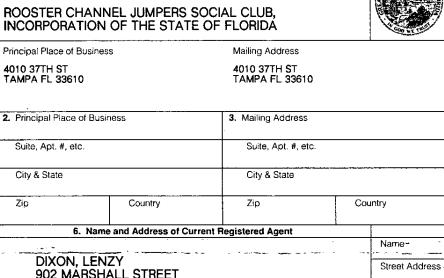
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 731589

1. Entity Name



FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90067 013 ****61.25



							.II) E) H.U.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)				
City & State		City & State		4. FEI Number 59-1	1863645		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status		8.75 Addi		
	6. Name and Address of Current F		7. Name and Address of New Registered Agent					
			Name	Name-				
DIXON, LENZY 902 MARSHALL STREET CLEARWATER FL 33515			Street Address (P.O. Box Number is Not Acceptable)					
			City		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								
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)								
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Florida Departn	Payable:		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIXON, CORA B. 902 MARSHALL STREET CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The same of the sa		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARDRICK, JAMES 6801 48TH STREET TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DIXON,-LENZY 902 MARSHALL ST CLEARWATER FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change -	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELACLIFF, JOSEPHINE 4010 37TH STREET TAMPA, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDRICK, JAMES 6801 48TH ST. TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

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.