2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)					FILED Jul 27, 2004 8:00 am			
DOCUI 1. Entity Nam COUPLES			Secretary of State 07-27-2004 90039 039 ****61.25					
	e of Business ST TERRACE 34470	Mailing Address 1016 NE 21 ST TERRACE 4005 S. HWY. 314-A OCALA FL 34470 US						
2. Principal P Suite, Apt.	tace of Business	3. Mailing Address Suite, Apt. #, etc.						
City & State		City & State			4. FEI Number E0. 1000 105 Applied For			
Zip	Country	Zip	Country		5. Certificate of S	59-1828135	B.75 Add Fee Require	
· · · · · ·	6. Name and Address of Curren	t Registered Agent	Name		7. Name and Ad	dress of New Re		
400	NHEIMER, FRANCES 5 S. HWY. 314-A	. 		Street Address (P.O. Box Number is Not Acceptable)				
OKL	AWAHA FL 32179		City	City FL Zip Code				
	named entity submits this statement f	or the purpose of changing its	registered office or re	egister	ed agent, or both, ir	n the State of Flori		and accept
	FILE NOW: FEE IS \$61.25 Due By September 8, 2004 OFFICERS AND D	Trust Fund C		-	\$5.00 May Be Added to Fees	Florida	e Check Payable a Department of S	State
ITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEINHEIMER, ELMER J 4005 S. HWY. 314-A OKLAWAHA FL	Deiete	11. TITLE NAME STREET ADDRESS CITY - ST - ZIP		ADDITIONS/CHANC	<u>JES TO OFFICER</u>	S AND DIRECTORS IN	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTERS, GEORGE 7505 NESTING PLACE CT. TAMPA FL	🗆 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WEINHEIMER, FRANCES W 4005 S. <u>H</u> WY. 314-A OKLAWAHA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP	D WALTERS, MICKEY 7505 NESTING PLACE CT. 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	- - -	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
indicated of the cor changed	certify that the information supplied wild on this report or supplemental report reporation or the receiver or trustee em , or on an attachment with an address CURE: Republic Signature and Type of	is true and accurate and that n powered to execute this report , with all other like empowered.	ny signature shall hav as required by Chap	ve the s ter 617	same legal effect as	s if made under oa and that my name	ath; that I am an officer appears in Block 10 o	or director Block 11 if