

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91250 039 \*\*\*\*61.25



MOORE CR2E037 (11/03)

<b>DOCUMENT # 742945</b>		<b>1. Entity Name</b> THE CENTRE, INC.	
<b>Principal Place of Business</b> 62 ROBERTS MT. ROAD FABER VA 22938 US		<b>Mailing Address</b> 62 ROBERTS MT. ROAD FABER VA 22938 US	
<b>2. Principal Place of Business</b> 365 ROBERTS MTN RD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 365 ROBERTS MTN RD Suite, Apt. #, etc.	
<b>City &amp; State</b> FABER VA		<b>City &amp; State</b> FABER VA	
<b>Zip</b> 22938	<b>Country</b> USA	<b>Zip</b> 22938	<b>Country</b> USA
<b>4. FEI Number</b> 59-1824173		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> STANLEY, BENJAMIN 507 CHARLES PLACE BRANDON FL 33511		<b>7. Name and Address of New Registered Agent</b> Name 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) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DPC MONROE, LAURIE A. 57 WOODPECKER WAY AFTON VA <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	ST KRANZ, JOHN CLYDE POB 721 LOVINGSTON VA 22949 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VPD MILLER, DARLENE 57 WOODPECKER WAY AFTON VA <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD MILLER, DARLENE 470 ROBERTS MTN RD FABER VA 22938 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D MONROE, EMMETT 3041 OAKRIDGE DR. CUYAHOGA FALLS OH <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D MONROE, EMMETT 1027 HEATH WAY STOW OH 44224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP HONEYCUTT, A.J. 62 ROBERTS MOUNTAIN RD FABER VA 22938 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	V WEST, TERESA H. 51 DOC'S LANE SHIPMAN VA 22971 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.**

**SIGNATURE:** \_\_\_\_\_ **4-21-04** **434-361-1252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 742945

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

ATTACHMENT TO:  
DOCUMENT #742945

THE CENTRE, INC.

BLOCK 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

X ADDITION

TITLE	S/T
NAME	FELIX, ROBERT
STREET ADDRESS	2314 MOUNTAIN BROOK DR
CITY-ST-ZIP	CHARLOTTESVILLE VA 22902