


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90026 028 ****61.25

DOCUMENT # 749835 1. Entity Name THE RHYTHM LOVERS, INC.					
Principal Place of Business 1000 S. K STREET PENSACOLA, FL 32501 US			Mailing Address P.O. BOX 17293 PENSACOLA, FL 32522 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALLACE, WALTER G 6740 SCOTTS PLACE PENSACOLA, FL 32526				Name <u>Long, Tom</u> Street Address (P.O. Box Number is Not Acceptable) <u>1018 E. Burgess Road</u> City <u>Pensacola</u> FL Zip Code <u>32504</u>	
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 <u>Long, Tom x Tom Long</u> DATE <u>4-3-04</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARP, LINDA 4130 APRIL ROAD PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARP, Linda <input type="checkbox"/> Change <input type="checkbox"/> Addition 4130 APRIL ROAD PENSACOLA, FL 32504		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, WALTER 6240 SCOTTS PL PENSACOLA, FL 32526 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Long, Tom <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1018 E. Burgess Road PENSACOLA, FL 32504		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONG, TOM 1018 E BURGESS RD PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tate, William A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1243 PENSACOLA DRIVE LILLIAN, AL 36549		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TATE, WILLIAM A 1243 PENSACOLA DRIVE LILLIAN, AL 36549 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ellen M. Black <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6129 CONFEDERATE DRIVE PENSACOLA, FL 32503		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <u>Long, Tom x Tom Long</u>			DATE <u>4-3-04</u> (850) 477-3932		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		